

GoldenView Veterinary Hospital Boarding Admission Form

Date in: _____ - _____ - _____
Pick-up time: _____
Pick up date: _____ - _____ - _____

Owner: _____ Phone # during Camp stay: _____ - _____ - _____
In case of an **emergency**, responsible party/agent (if different than above):
Name: _____ Phone number: _____ - _____ - _____

Pet Name: _____ **Description:** _____
(Please note that we need a separate sheet for each pet.)

The following are required annually for boarding; please verify at check-in what is due:

Need to do NOW: Physical Exam: _____ Fecal Exam: _____ Blood Work: _____
(Note: if this is your pet's first time boarding, additional items may be required.)

Services I request while boarding: (please check)

Grooming: Beak Trim _____ Wing Trim _____ Nail Trim _____ Microchip _____

Avian showers/misting: _____ Bath: _____ (**mammals only \$**_____) Cover at night? _____
(every other day at no charge)

I wish to make a donation to **Annie's Fund** for toys for my pet while boarding. I understand these items will go home with my pet at the end of their stay (unless completely destroyed!) **YES NO \$**_____

Current Diet: _____
(please be specific)

Has there been any illness or injury in the last 30 days? _____

Is any medication required? If yes, what & when: _____
(There is an additional charge for daily medication administration.)

At Camp GoldenView, socialization is key to our service and interaction may include individual attention, verbalization, lunch with our staff, exercise and games.

____ I **AUTHORIZE** GVH staff to interact with my bird(s) in appropriate areas of the hospital. _____ *(Initials)*

____ I **DECLINE** staff interaction other than feeding, cleaning, showers & weight checks. _____ *(Initials)*

Please let us know if your pet is accustomed to something particular at home and we will strive to maintain this continuity while he/she is here with us.

Other Comments: _____

I understand that in the event my pet becomes ill, the staff will attempt to contact me or my agent immediately to discuss the problem and treatment options. If I or my agent cannot be reached, I hereby authorize GVH to initiate appropriate treatment until I or my agent can be reached. Should an **EMERGENCY** arise, I authorize the medical staff to sedate/anesthetize my pet and/or perform such emergency procedures as may be necessary for the health of my pet until I can be consulted. I agree to pay, in full, for all charges for necessary services rendered to my pet. In the event of death of my pet, I understand that the staff will immediately attempt to contact me. If I am unreachable, I understand that the body will be held until I return to discuss body care and disposition.

I understand that the hospital is not responsible for loss or damage to personal items left with my pet, including, but not limited to, cages, dishes, toys, and bedding.

I will call if my pick-up date changes so GVH can plan accordingly. If I neglect to pick up my pet within 5 days of the date scheduled for discharge and do not notify you within that time period, you may assume that my pet is abandoned and are hereby authorized to proceed as you deem best and/or necessary.

OWNER RELEASE (only one signature needed for ALL pets left in our care for each boarding stay)

Owner/Agent: _____ Date: _____

Would you like to receive a text message with a picture* while your pet is boarding? **YES NO**

Cell phone number for text message (____)_____. *Standard text message rates may apply. Check with your carrier.