

**Avian and Exotic Pet Clinic of Roanoke**  
**BOARDING ADMITTANCE & OWNER RELEASE**

Admitting  
Technician  
Initials \_\_\_\_\_

I understand you can not guarantee the health of \_\_\_\_\_. I understand and will not hold the clinic responsible for conditions that are unavoidable in boarding kennels, such as but not limited to weight loss, hair loss, upper respiratory infections, bronchitis, diarrhea, and fleas. I understand all pets admitted to the clinic must have a current Physical Examination, be protected against communicable contagious diseases and must be free of internal and external parasites or will be treated on entry or discovery at the owner / agent's expense.

If vaccinations were performed elsewhere, I can provide written documentation of **required vaccinations** administered by a licensed veterinarian. I authorize updating any required examination and vaccine(s) if my pet is not current and agree to pay for said services. I am aware that all non-established pets boarding at this facility must have a current physical examination performed by a licensed veterinarian at this clinic prior to boarding and agree to pay for said service.

I understand that in the event my pet is/becomes ill, the staff will immediately attempt to contact me or my agent to discuss the problem and treatment options, but may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until, I or my agent can be reached. (see below)

**If any problem is observed or develops while boarding: *(please check & initial one of the following)***

- \_\_\_\_\_ Please treat my pet as required, you need not call me.
- \_\_\_\_\_ Perform only emergency and supportive care. Notify me for permission to begin any other treatment.
- \_\_\_\_\_ **Do not** perform any diagnostics and/or treatment until I am notified and consent for you to evaluate, and treat as recommended.

Should an **EMERGENCY** arise, I authorize the medical staff to sedate my pet and/or perform such emergency procedures as may be necessary for the health of my pet until I can be notified. I agree to pay, in full, all charges for necessary services rendered for and to my pet at time of discharge/pick-up.

I understand that the clinic is not responsible for loss or damage to personal items left with the pet including but not limited to leashes, bowls, collars, toys, and bedding.

The clinic is to use all reasonable precaution against injury, escape, or death of my pet and the clinic and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that any problem that develops with my pet will be treated, as noted above, and I assume full responsibility for the treatment expense incurred.

**I will call immediately, if my "pick-up date" changes so you can plan accordingly.** If I neglect to pick up my pet within 7 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 transfer my pet to the proper authorities.

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**Scheduled Boarding Dates:**

**Admittance Date:** \_\_\_\_\_ **Discharge/Pick-Up Date:** \_\_\_\_\_

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Owner/Agent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Emergency Contact Name & Phone #: \_\_\_\_\_