



West Geauga Veterinary Hospital Avian/Exotic Pet Hotel Registration

Client First Name: _____ Client Last Name: _____

Pet Name: _____ Check In Date: _____ Check Out Date: _____

Hospital policy requires all birds to have had a yearly physical exam (\$65.65) in addition to a parrot fever test . Reptiles and other small animals are only required to have a yearly physical exam.

For your convenience we offer the following services which can be performed at the time of boarding. Although these services are not mandatory, we highly recommend them annually. Provided your pet is in applicable condition, and you would like us to perform any of the below tests please initial below.

Avian/Exotic CBC/DIFF (\$51.75) _____ Wing Trim (\$17.25) _____
Chem Avian/Reptile Profile/Electrolytes (\$87.60) _____ Nail Trim (\$10.55) _____
Fecal Gram Stain (\$37.50) _____

Did you bring your own cage/carrier? Please describe.

Did you bring your pet's toys and/or other personal belongings? Please describe.

Did you bring your pet's food/fresh vegetables/treats?

What and how much do you feed your pet daily?

Is your pet currently taking any medication(s)? Please include prescription(s) name and dosages.

Does your pet have any allergies/chronic conditions? Please describe.

Should an emergency arise (initial the option below):

- _____ Please do whatever necessary.
- _____ Please do whatever necessary, as long as the cost stays under \$_____._____.
- _____ Please call with an estimate of further tests and treatment after the initial exam.
- _____ Other: _____

WEEKDAY DROP OFF AND PICK UP TIME MUST BE BETWEEN:

Mon/Tue/Thu: 10:00am – 4:00pm Wed/Fri: 10:00a – 3:00pm
AND SAT BETWEEN 8:00AM – 11:00AM: _____ [PLEASE INITIAL]

There are NO Sunday pick-ups or after hour pick-ups.
Our regular clinic hours are MON TUE THUR 7am-6pm, WED FRI 7am-5pm and SAT 7am-1pm

I hereby consent you, Dr. Pappas to receive, prescribe, treat or operate on the pet(s) named above. You are to use all reasonable precautions against injury, escape, or destruction of the animal(s) above described, or otherwise in connection therewith, as is thoroughly understood I assume all risks. If the check-out date has passed with no contact a written notice will be mailed to the address on file to remove the animal(s). Five days after such written notice the animal(s) will be considered abandoned and will be relocated and/or destroyed as you deem best, and it is understood that your doing so does not relieve me from paying all costs of services, including use of your hospital and the cost of keeping. By signing this form I attest that I am above the age of 18, legally competent and am not a minor in my state of resident.

Signature: _____ Date: _____

Phone: _____ Emergency/Name #: _____