

Animal and Bird Clinic of Mission Viejo

24912 Chrisanta Drive • Mission Viejo, CA 92691 • (949) 768-3651 • FAX (949) 768-1333

AVIAN / EXOTIC BOARDING FORM

Client: _____ # _____ Patient: _____ Date: _____

Number where you or designated agent can be reached in case of an emergency: p _____) _____

Weight: _____ Age: _____ Sex: F M

Pick Up Date: _____ Time: _____ am pm

• Doctor Exam: Yes No Please Check: _____

• Beak/Wing/Nail Trim: Yes No

• Diet: Seed/Harrisons: Yes No Special: Yes No Instructions: _____

• Medication to be given while boarding: _____ Last Given: _____

• _____ given _____ times per day _____ am _____ pm

• _____ given _____ times per day _____ am _____ pm

• _____ given _____ times per day _____ am _____ pm

• Property: _____

• Nightly Rate: _____

If tranquilizers are necessary for treatment or handling, I give my permission to the Animal & Bird Clinic to administer such medications. All animals entering the hospital must be up to date on vaccinations and free of external parasites (fleas, ticks, etc.) or they will be treated upon entry (fees will apply). I also authorize the Animal & Bird Clinic to do whatever is necessary should an emergency situation arise. Payment is required when animals are released. Pets are released only during regular clinic hours. If I neglect to pick up my pet(s) within 5 days of the date above, you may assume that the pet is abandoned and you are hereby authorized to discharge the pet as you deem best and necessary.

Signed: _____ Date: _____ Admitted By: _____

TO BE FILLED OUT BY DOCTOR/TECHNICIAN

1. ATTITUDE :

Normal/Alert Other _____

Tense/Painful

2. HYDRATION:

Normal Other _____

3. FEATHERS / SKIN:

Normal Oily Itchy Dull

Shedding Scaly Matted Dry

Anorexia

Parasites Tumors

Other _____

4. EYES:

Normal Discharge Infection

Inflamed Cataract Deformities

Other _____

5. EARS:

Normal Mites Inflamed

Itchy Excessive Hair Tumor

Other _____

6. NARES / THROAT:

Normal Discharge Infl. Tonsils

Infl. Throat Enlarged Lymph Gland

Other _____

7. MOUTH / BEAK:

Normal Infl. Lips Loose Tooth

Tartar Broken Teeth Pyorrhea

Gingivitis Tumors

Other _____

8. LEGS / TOES:

Normal Joint Prob. Lameness

Nail Prob. Damaged Ligaments

Other _____

9. WEIGHT IN GRAMS:

Normal Over by: _____

Under by: _____ Other _____

10. HEART:

Normal Slow Fast

Murmur Other _____

11. LUNGS:

Normal Breathing Difficulty Congestion

Coughing Abnormal Sound Rapid Resp.

Other _____

12. ABDOMEN:

Normal Mass

Enlarged Organs Fluid

Other _____

13. GASTROINTESTINAL SYSTEM:

Normal Abn. Feces Vomit

Gas Parasites

Other _____

14. CENTRAL NERVOUS SYSTEM:

Normal Other _____

DESCRIPTION (Use same numbers as above for corresponding descriptions below.)

Examined By: _____