

NIGHT OWL BIRD HOSPITAL

Address: 1956 W Broadway Vancouver, B.C V6J 1Z2 Phone: (604) 734-5100 Fax: (604) 734-5110 Email: nightowlbirdhospital1@gmail.com

Boarding Intake Form

Date: _____

First Name: _____ Last Name: _____

Pet's Name: _____ Breed: _____ Age: _____ Sex: _____

Boarding Drop off Date/Time (am/pm): _____ Pick up Date/Time (am/pm): _____

Regular Diet (please specify): _____

Is your bird allowed toys? (please circle) **Yes** or **No**

Would you like us to provide toys for your bird? (please circle) **Yes** (extra charges apply) or **No**

Is spray millet offered daily? (please circle) **Yes** or **No**

Special Dietary Instructions: _____

Detailed List of Personal Items Left: _____

All/Previous Medical Concerns: _____

Medications:

Times Given/Amount Given:

1. _____ Directions _____ Last time given: _____

2. _____ Directions _____ Last time given: _____

3. _____ Directions _____ Last time given: _____

How do you offer medication? (please circle) **Handfeed** **Syringe** **H2O** **Treat**

Would you like an exam done? **Yes** (please fill out History Form) or **No**

Services to be performed: _____

Additional Information: _____

Emergency Contact: _____

As owner or agent, I (_____) authorize

(Owner's First and Last Name)

Night Owl Bird Hospital to use all reasonable precaution against injury, escape, or death of my pet. The clinic and staff will not be held liable for any problems that develop while boarding provided that reasonable care and precautions are followed. If we are unable to reach you or a responsible party, I understand that any medical concerns will be treated as deemed best by staff veterinarians, and I assume full responsibility for the treatment expense involved.

Best Contact number: _____ Signature: _____

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HISTORY FORM

Pet's name: _____ **Owner's last name:** _____ **Date:** _____

Please answer the following questions as fully as you can

1. What is the breed & age of your bird?

2. How long have you owned your bird?

3. Have you owned a bird before? Do you have other birds? (please specify breed)

4. When did you last bring a bird into your home?

5. What are the housing arrangements for your bird(s)?

6. What do you feed your bird(s) daily?

7. Is your bird on ANY medication? (Please circle)

YES NO

8. If yes please specify what medication.

9. Do you give your bird vitamins or supplements? (pls specify type & how often.)

10. What symptoms does your bird show?

11. When did the above symptoms begin & can you relate these symptoms to a cause?

12. Have you given your bird any medication or treatments for the above symptoms?

13. Has there been any changes to your bird's environment recently?

14. Been in contact with any other birds than your own? (pls specify type, duration of contact and type of bird.)

15. Has your bird had an illness in the past? (specify what type & any treatments done).

Signed: _____ Owner's full name: _____