

All West Veterinary Hospital
Exotic Pet Boarding Agreement

Drop off Date _____ Pick up Date _____ Pick up Time _____

Pet Owner _____

Pet Owner Emergency Phone _____

Emergency Contact (Name and Phone) _____

(In the Event of an Emergency we require an alternate contact in addition to the Owner)

Pet Information

Pet Name(s) _____

Medications: *(There is a medication administration charge per dose)*

Name of Medication: _____ How Much: _____ How Often: _____

Feeding and vitamin instructions

AM Feeding

PM Feeding

Extra Services: *(See estimate for associated fees)*

- Annual Exam
- Fecal Analysis
- Nail Trim
- Wing Trim

Cage setup & maintenance: _____

Other _____

If reptile—Temp gradient _____

Humidity _____

Fees are **per calendar** day, per cage. Estimated cost per day: **See Estimate**

Reasonable care will be used against injury, escape or death of the pet(s). The clinic and staff will not be held responsible for problems that may occur given reasonable care and precautions are followed. I understand that any problem that occurs with my pet will be treated as deemed best by the staff veterinarians and I assume full responsibility for the treatment expense incurred. All West is not liable for lost or damaged items.

Signature of Owner or responsible party _____