



A UNIQUE Specialty Bird Store

1704 Washington Blvd.
Easton, PA 18042

Phone: 610-438-5472
email: TheBirdlady@BirdladyOfEaston.com
Website: http://www.BirdladyOfEaston.com

Boarding #

REFERRAL INFO
Website Flyer
Mailing Friend

Boarding Consent / Release Form

Contact Information

First Name: Last Name: Date:
Address:
City: State: Zip:
Phone: Cell Phone:
Email:
Special Precautions:

Documentation
Well Bird
Polyoma Vac.
Certificate Rept.

Additional Contact Information:

Service Information

Type Service: Small Bird(s) Large Bird(s)
First Boarding Date: Last Boarding Date:
Notes:

Veterinary Information

Veterinary: Phone:
Address:
City: State: Zip:
Veterinary Release Form attached? Yes No

Bird(s) Information

Name: Type:
Normal food given:
Medications:
Additional Information / Instructions:

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Normal food given:
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Veterinary Release Form

In the event that any of my bird(s) appears to be ill, injured, or at significant risk of experiencing a medical problem while in the care of Birdlady of Easton, I give permission to Birdlady of Easton to seek veterinary service from a veterinarian or a veterinary clinic. My preferred veterinary services are listed on each individual Bird Information Disclosure. Other veterinarians or emergency care clinics chosen by the Birdlady of Easton are acceptable.

I ask Birdlady of Easton to inform the attending clinic or veterinarian of my requested total diagnosis and treatment limit of \$_____ per bird / all birds (most common values are \$200, \$1000, or unlimited). I understand that efforts will be made to contact me regarding any treatments, illness, injury, or potential problems as soon as the condition is deemed not life threatening and/or contact is possible. I understand that Birdlady of Easton works hard to prevent accidents and injuries, and that such problems may occur no matter how well a bird is cared for. I agree to allow Birdlady of Easton to use her best judgment in handling these situations, and I understand that Birdlady of Easton and/or her staff assume no responsibility for the actions and decisions of the veterinary staff, the health, or death of my bird(s).

I will assume full responsibility for the payment and/or reimbursement for any and all veterinary services rendered, including but not limited to diagnosis, treatment, grooming, medical supplies, and boarding. Such payments will be made within 14 days of the initial incident. I also agree to be responsible for all Special Service fees assessed by Birdlady of Easton for emergency transportation, care, supervision, or hiring of emergency caregivers, and will pay such fees within 14 days of each incident.

I further authorize Birdlady of Easton and my primary veterinarian(s) to share all of the medical records of all of my birds with veterinary clinics in an emergency in the interest of providing the best care for my ill or injured bird(s).

I agree to notify Birdlady of Easton of any signs of injury or possible illness before any visit as soon as the condition appears. **Birdlady of Easton reserves the right to cancel service where a bird with a potentially infectious condition exists.** Birdlady of Easton strives to provide clean, safe service to each of her clients. In doing so, Birdlady of Easton strongly recommends that each bird protected according to veterinarian recommended standards.

This agreement is valid from the date below and grants permission for future veterinary care without the need for additional authorization each time Birdlady of Easton cares for one or more of my birds. I understand that this agreement applies to all of the birds within Birdlady of Easton care. In signing this contract, I agree that I have the sole authority to make health, medical, and financial decisions regarding the birds that will be scheduled to receive service.

Client/Owner Name: _____ [Please Print]

Client Signature: _____ Date: _____