

Capri Plaza Pet Clinic

19582 Ventura Blvd.
Tarzana, CA 91356
Phone (818) 881-6344
Fax (818) 881-4384
Yoko Tamura DVM

BOARDING ADMISSION FORM

AVIAN

Date: _____

Owner's Name: _____

Breed: _____

Street: _____

Sex: _____

City: _____ Zip Code: _____

Age: _____

Phone: _____ Pet's Name: _____

Color: _____

Medical History: Has _____ had a parasite exam within the last 6 months? yes no
Has _____ had any illness in last 30 days? yes no
Has _____ been tested for any contagious blood diseases? yes no

**Please be advised that if you would like the clinic to supply your bird with food there will be an additional charge added to your bill for opening a bag of food. (Which will be yours to take).

Feeding Instructions: _____

Current Medication & How Often: _____

****NOTE: There is a daily charge for medication administration.****

If you are leaving your pet with its own carrier, blanket, toys, etc please list them here: _____

Procedures or problems to check during your pet's boarding stay: _____

Exam Beak, wing, nail trim

OWNER'S RELEASE:

Capri Plaza Pet Clinic is to use all reasonable precaution against injury, escape, or death of your pet. The clinic and staff will not be held liable for any problems that develop (either with my pet or personal effects provided by me) provided reasonable care and precautions are followed.

I understand any problem that develops with your pet while I'm absent will be treated as deemed best by the staff veterinarians and I assume full responsibility for the treatment expense involved. If I neglect to pick up my pet within 5 days of the date below and do not notify the clinic within that time period, the clinic may assume that the pet is abandoned and is hereby authorized to take care of the pet as deemed best and/or necessary.

Signed: _____

Emergency Contact Phone: _____

Pick up date and time: _____

9:00 am – 12:00 pm OR 2:00 pm – 6:00 pm