



Exotic Boarding Consent Form

Client Name: _____

Pet Name: _____

Check-in Date: _____ Check-out Date: _____

Approximate Pickup time: _____

Requirements: Annual Wellness Exam

EXAM DUE? Yes _____ No _____

Paperwork done _____ (Initials) IPE Board _____ (CRS or ACS Initials) Weight _____

Medications: (Medication Chart must be attached) CRS Initials _____

(Additional fee)

Yes _____ No _____

Do you need any medications refilled? _____

Any health issues we should be alerted to this stay? _____

Detailed Feeding Instructions: _____

Bedding Change Frequency _____

Belongings Brought from Home (detailed):

Ancillary Services:

Nail Trim? _____ (Schedule Birds with DVM)

Checked-in by: (CRS initials) _____ (ACS initials) _____

Owner's Signature _____

Emergency Telephone Number _____

Email Address _____