



Wings of the World
23920 Bothell Everett Highway
Bothell, WA 98021
425-481-6989
www.wingsoftheworld.net

Annual Boarding Release

Name: _____

Address: _____

Phone: _____

Emergency Phone: _____

I am boarding _____, a(n) _____ at **Wings of the World**.
Birds Name Breed/Species

_____ I hereby acknowledge forfeiting my bird if they are left at Wings of the World more than 30 days after their scheduled departure date and I have not made contact to further arrangements.

Although we strive to attend to all of your bird's needs, boarding birds may become ill, develop symptoms of latent diseases, or even injure themselves. Wings of the World is not responsible for any of these occurrences or any other mishaps should they happen while being boarded with us. Should a medical condition arise, Wings of the World will respond to their needs based upon the **pre-agreed** upon consents listed below. The cost of Veterinary ***care will be your sole responsibility as the owner.*** Wings of the World will not assume responsibility of any Veterinary care while we are boarding your bird.

Date of last veterinarian visit (Must be within the last year): _____

Date of once in a lifetime Psittacosis test: _____

Please initial only the option you consent to.

_____ **NO** medical care is to be initiated without my approval. My emergency number is: _____

In the event that no contact is made, Wings of the World will do their best to make your bird comfortable. However, we may not guarantee improvement without examination by a qualified veterinarian.

_____ Emergency medical care is approved; not to exceed \$_____. Any medical care beyond the specified amount will require additional consent.

_____ Attend to my bird's medical care as needed.

Vet Records Received: _____

Date Scanned: _____

I agree to the above boarding terms and agree to pay all boarding fees as well as any necessary agreed medical fees as indicated above. I understand that all reasonable precautions will be made to assure my bird's good health while boarding.

Signature

Date

Printed Name

Vet Records Received: _____
Date Scanned: _____