



BOARDING RESERVATION FORM

Instructions

- Please complete all information on both pages. **PLEASE PRINT.**
- Please read the Requirements section and sign and date the Authorization.
- Please return to Parrot University, 321 South Polk St. #2C, Pineville NC 28134 or scan and email to parrots@parrotu.com.
- Upon receipt, we will contact you to confirm your reservation and process your deposit.

Owner Information

Name _____

Contact Number (____) - _____ Additional Number (____) - _____

Email Address _____

Street Address _____ City _____ State _____ Zip _____

Reservation Request

Length of stay (number of nights) _____ Number of Birds _____ Type of Room: ___ Private ___ Communal

Drop Off Date _____ Preferred Drop Off Time _____

Pick Up Date _____ Estimated Pick Up Time _____

Requirements and Authorization *(owner signature required with reservation) No exceptions*

1. Drop off and pick up is by appointment only. Pick up outside of regular store hours is available for an additional fee, depending on staff availability.
2. Bird must be dropped off in carrier. Carrier must stay at Parrot University until bird is picked up.
3. Parrot University will provide cage. Owner must provide perches and toys.
4. Harrison's, Roudybush and fresh foods can be provided. Other food to be provided by owner.
5. Proof of wellness exam within 12 months, by approved veterinarian, must be provided in advance.
6. Proof of psittacosis exam within 12 months, with negative results, must be provided in advance.
7. Proof of current polyoma vaccine required in advance for all birds less than two years old.
8. 25% credit card deposit required upon acceptance of reservation. 48 hour cancellation required. Holiday boarding deposits are non-refundable within 30 days of holiday.
9. In addition, owner agrees that if they fail to make arrangements with Parrot University staff for their bird at the end of the boarding period, after sufficient notice, usually by phone and e-mail, within 30 days of notification, bird will be made available for adoption.

I have read the requirements above. I authorize Parrot University to care for my bird during the dates listed above. In the event that I cannot be reached during a medical emergency, I give permission for stabilizing veterinary care to be provided at my expense.

Signature of owner

Date

PARROT UNIVERSITY BOARDING RESERVATION FORM (page two)

Owner Last Name _____

Bird Information

Bird's Name _____ Species _____

Bird's Name _____ Species _____

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(If additional space is needed, please attach a sheet with all information for all additional birds)

Gender _____ Age _____ Date of last wellness exam _____ Veterinarian _____

Has bird been around any birds that do not reside in your home, within the past 12 months? ___ Yes ___ No

List all health issues _____

Diet

- Roudybush
- Harrison's
- Other:

Special Instructions (medications, nightlight, other preferences)

- Water bottle
- Water bowl
- Brunch/chop
- Nightlight (must be provided by owner)
- Cover at night (must be provided by owner)
- Medication (must be provided by owner)
- Extra treats (must be provided by owner)

Emergency Contact and Veterinarian Information

Emergency contact person if owner cannot be reached _____

Telephone (_____) - _____ Relationship _____

Emergency contact person is authorized to pick up my bird if I cannot be reached ___ Yes ___ No

For internal use only

Drop Off Owner Signature _____ Date _____

Parrot University Staff Signature _____ Date _____

Additional instructions _____

Pick Up Owner Signature _____ Date _____