



289 Littleton Road
Chelmsford, MA 01824
(978) 256-9555

Exotic Boarding Consent Form

Client: _____ Pet: _____
Check-in Date: _____ Check-out Date: _____ Approximate Pick up time: _____

Requirements: Annual Wellness Exam _____ Annual Boarding Contract Date _____

EXAM DUE? Yes _____ No _____

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

Additional Fees for administering medication apply
Yes _____ No _____

Do you need any medications refilled? _____
Any health issues we should be alerted to during this stay? _____

Detailed Feeding Instructions: _____

Bedding Change Frequency _____

Belongings From Home (detailed):

Ancillary Services:

Nail Trim? _____ (Schedule Birds with DVM)

Owner's Signature _____

Emergency Telephone Number _____

Email Address _____