

Parrots in Paradise Sanctuary, Inc. Parrot Boarding Agreement

By signature below, I agree to the following: For legal reasons, I verify that I am the owner of my parrot(s).

I verify that I have informed Dorothy Walsh of Parrots in Paradise Sanctuary, Inc. of any past, current or pre-existing medical condition including, but not limited to parasites, lice, bacterial infections, seizures, limps, arthritic/joint conditions, egg-binding condition, feather plucking as well as behavioral issues related to aggression towards pets or humans.

In case of emergency, Dorothy Walsh will attempt to contact me. If contact is not made, in my absence, I grant and authorize Dorothy Walsh permission to act as my agent to insure safety and care of my parrot(s) should it (they) show signs/symptoms of illness, or if injury is sustained while in the care of Dorothy Walsh. I authorize Dorothy Walsh at her sole discretion to contact Shannon Nakaya, DVM and to administer care/medication as deemed necessary. I further understand that I will be responsible for all expenses incurred by such medical care.

I waive and release Dorothy Walsh of Parrots in Paradise Sanctuary, Inc. and Parrots in Paradise Sanctuary, Inc. from any and all liability to include death, injury or illness that my parrot may suffer during or after services rendered, as well as those caused by a natural disaster, burglary or fire. I agree that no legal claim or legal action will be taken against the aforementioned.

Boarding charges are calculated per day regardless of what time parrot(s) is checked-in. I agree to pay \$15.00 small parrot/\$25.00 medium parrot/\$30.00 large parrot per day for the care of my parrot(s), unless otherwise agreed upon. If the parrot(s) is left 14 days beyond the pick-up date, the parrot(s) will be deemed abandoned and placed into the custodial care of Parrots in Paradise Sanctuary, Inc., unless otherwise agreed upon.

Signature

Date

Owners Name_____

Address_____

Home Phone Number_____

Cell Phone Number_____

Email address_____

Emergency Contact Phone Number_____

Breed of Parrot_____

Name of Parrot_____

Any special diet or needs_____

Avian Veterinarian_____

***This agreement will be kept on file for any and all future boarding arrangements**