

Fine Feathered Friends Sanctuary, Inc.
1570 County Highway A
Edgerton, WI 53534

Boarding Contract/Release Form

Fine Feathered Friends Sanctuary, Inc. (FFFS) will provide basic care by feeding, watering, cleaning, socializing, and obtaining medical assistance (in the event of an emergency) during your pet's stay at Fine Feathered Friends Sanctuary, Inc.

I, the undersigned, certify that I am the owner of the above described bird(s). I hereby release FFFS and their officers, agents, and representatives from any and all liability for this bird(s). I authorize and direct FFFS to seek any medical assistance as deemed necessary by FFFS. Boarding charges are based on a per night fee. I am aware that I will pay for any additional days, any additional food, and any medical costs incurred for the duration of time specified. I agree to unconditionally release this pet to FFFS for the duration of time specified. I have read and understand this consent.

Owner's Name: _____

Spouse's Name: _____

Address: _____

Home Phone #: _____ Work phone #: _____

Emergency contact person: Name: _____

Relationship to owner: _____ Phone #: _____

Bird(s) Name(s): _____

Species: _____

Age: _____ Sex: _____

Name of veterinarian: _____

What does this bird(s) eat (be specific): _____

Care instructions (please be specific) : _____

I certify that my bird(s) have been seen by an avian vet within the last year and have attached vet records with this document to prove it.

Items to be left with bird(s) during boarding (please be specific) : _____

Date to begin boarding: _____ Date to pick up: _____

Signature of owner / date

Signature of Fine Feathered Friends Sanctuary, Inc. representative / date