

Bird and Exotic Clinic of Seattle
4019 Aurora Ave N
Seattle, WA 98103

DROP OFF APPOINTMENT FORM

Client Name: _____

Pet's Name: _____

Number where you can be contacted: (____) _____

Please describe briefly the signs of illness your pet is showing and when they were first observed:

I agree to make a deposit of \$_____ Cash/ Check/ Credit Card (Circle one)
I understand that if costs exceed the amount of the deposit, I will pay the remaining balance when my animal is ready to be picked up.

Please circle one of the following:

- Please examine my pet and call me prior to any treatment with a cost estimate.

- Please examine my pet and continue with any necessary treatment and/or diagnostics (lab work, x-rays, etc.).

Owner's Signature: _____

Date: _____

Full payment is expected when services are rendered Thank you.