

# Bird Handling Consent

- Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- Owner First/Last Name: \_\_\_\_\_
- Pet's Name: \_\_\_\_\_
- I understand that birds are animals that tend to hide signs of illness, and routine handling for a physical exam, wing trim, nail trim, or blood draw can be stressful enough to cause a bird to go into shock or die. I also understand that all precautions are taken to make sure this does not happen; nevertheless, I do not hold Broadway Oaks Animal Hospital, its doctors and staff responsible for such events during this procedure. This document is valid for the duration of care at Broadway Oaks Animal Hospital.

\_\_\_\_\_  
Signature