

BIRD INFORMATION SHEET

Note: a copy of this form will be provided to the boarding home

Client Name: _____

Bird's Name: _____

Age _____

Species: _____

Color/Markings: _____

Sex: M or F _____

Banded #: _____

Feeding:

What kind of food/s does your Bird eat?

When does your bird eat?

Special feeding instructions:

Medication:

Is your bird on any medications that must be administered? If yes, please describe the medication procedures including name, dosage and where it is kept.

Other

Does your bird have a favorite game?

Does your bird have favorite hiding places?

Does you allow your bird out of the cage? If yes, please explain how often and when: _____

Traits:

Please answer the following brief questionnaire about your bird. It will help us to better care for him/her:

Is friendly with other birds YES / NO

Likes new adults YES / NO

Likes children YES / NO

Must stay in a cage at all times YES / NO

Is allowed to have treats YES / NO

Is prone to chewing YES / NO

Is prone to yelling YES / NO

Is fearful of noises or other things YES / NO

Obeys basic commands YES / NO

Has bitten people or other birds YES / NO

Has shown other aggression YES / NO

Please indicate anything else about your bird's habits or behavior that would be useful to us in providing care:
