



 **BEAKY MINDERS**

BIRD BOARDING BOOKING FORM

Please complete this form in full to help us provide the best possible care for your feathered friend.

Owner Details

Full Name: _____

Phone Number: _____

Email Address: _____

Emergency Contact Name & Number: _____

Home Address: _____

Bird Details

Bird's Name: _____

Species / Breed: _____

Age: _____

Sex (if known): _____

Is your bird hand-tame? (Yes/No): _____

Does your bird talk? (Yes/No – any favourite phrases?): _____

Flighted, clipped, or caged: _____

Wing band / ring ID (if applicable): _____

Microchipped? (Yes/No): _____

Health & Vet Info

Registered Avian Vet: _____

Vet Contact Number: _____

Last Health Check Date: _____

Any current health issues or medical history we should be aware of?: _____

Medications (if any): _____

Is your bird insured? (Yes/No – Insurer & Policy No. optional): _____

Diet & Feeding

Preferred Diet (pellets/seeds/fresh): _____

Favourite Foods / Treats: _____

Foods to avoid / allergies: _____

Feeding Times: _____

Behaviour & Routines

Daily Routine / Wake & Sleep Times: _____

Favourite Toys / Activities: _____

Any behavioural concerns (biting, screaming, plucking, etc.): _____

Is your bird used to other birds nearby? (Yes/No): _____

Cage & Accessories

Are you bringing your own cage? (Yes/No): _____

Preferred perches / toys to bring along: _____

Any specific cleaning instructions: _____

Boarding Dates

Drop-off Date & Time: _____

Pick-up Date & Time: _____

Name of person dropping off / collecting (if different): _____

Additional Notes

Any other information you'd like us to know about your bird?

Terms & Consent

- I confirm that all information provided is accurate to the best of my knowledge.
- I authorise Beaky Minders to seek veterinary care if required in an emergency.
- I understand and accept Beaky Minders' terms and conditions.

Signed: _____ Date: _____