Bird's Name:	Sex: □M □	IF Age/Birthd	ay: Color/Species/Descripti	on:
Veterinarian Preference:Phone: ()				
Is your veterinarian aware that you will be using our pet-sitting service? □No, will notify □Yes, have notified				
If your vet is unavailable may we use another vet or emergency vet clinic?				
How long have you had this bird? Does your bird have health insurance?				
Daily Exercise	Full Flight? (Yes or No)		nmands/Responses for Out Cage and Return to Cage	Out-of-Cage Locations/Restrictions
A.M. Diet	P.M. Diet		Supplements	Treats
Should your bird be bathed/groomed? Bathing preferences:				
How should the sitter proceed in the event of broken blood feathers?				
Where is styptic powder located?				
Does/do your bird(s) recognize any voice/hand commands? □Yes □No If yes, commands recognized:				
boes/do your bird(s) recognize any voice/nand commands: Dies DNo in yes, commands recognized.				
Please list the words or phrases your bird(s) says/say most often:				
How does/do your bird react to your absence from home?				
How does/do your bird react toward children and adult strangers?				
If there is more than one bird covered in this contract, how do your birds react to each other; e.g. any grumbling or fighting in the cage or when out of cage?				
How should your bird be handled, if necessary; e.g., step onto hand without biting, step onto a stick with a command, catch with a towel and restrain from biting, etc.?				
Under what circumstances is your bird most likely to bite or attempt to bite?				
Does your bird have any contagious illness?				
Does your bird have any medical or physical conditions or problems the pet sitter needs to be alert to?				
If it is necessary for your bird to be transported for any reason, how do you instruct the pet sitter to transport?				
Is there any additional information about your bird you would like to share?				