

## **Bird Sitting Information Sheet** 702-396-9798

\*Please fill out one form for each bird so that we may provide the best possible care for your bird. Thank you.

Owner/Bird Name:		Type of Bird	
Colors/Markings:	Male / Femal	e Location of Cage:	
Covered at night (this woul	d require morning and night vis	its):	
Feeding Time:		Treats:	
Location of food:			
Feeding Instructions:			
Cage changed/cleaned ho			
Misting: □ Yes	□ No		
Favorite Toys/Games:			
What commands/words do	es your bird know:		
Precautions (other animals	, people):		
Anything else we should kr	now:		
*This form will be kept on file fo	r all future visits. If anything changes, ye	ou will remark so on the vacation/trip log	at each visit booking.
I,	, have entered the above ir	formation as truthfully and accu	urately as possible.
	Client	Signature	Date