

Caring Paws Pet Sitting Services, LLC

Bird Information Form

BIRD NAME

SPECIES

AGE

SEX

1. _____

2. _____

3. _____

Do you cover cage at night? _____ Do you leave a night light on? _____

Do you leave a radio or TV on during the day? _____

Do you want birds out of cage? _____

How best to get back in cage: _____

Should we give a mini shower by using a spray bottle and warm water? _____

Feeding Instructions: Food Name

How Often?

Seed or Pellets: _____

Vitamins: _____

Fresh Fruit/Vegetables: _____

Millet or Treats: _____

Tap, Filtered or Bottle Water? _____

Medications: _____

Other feeding instructions: _____

Any known illnesses or problems? _____

How often is cage cleaned? _____

Cleaning supplies and means of waste disposal: _____

Location of travel cage for emergencies? _____

Favorite toys or treat? _____

Favorite words or phrases: _____

Other Instructions/Comments: _____