

Date of Boarding

From _____ To _____

Type of bird	Name	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you Bringing your Cage? Yes _____ No _____

Your Name _____

Cell #1 _____ Cell #2 _____

Cost that we agreed on _____ Per Day or Duration

Your birds doctor _____

Favorite foods _____

If by chance that your bird gets sick while in my care and I have to take him to a veterinarian you will be responsible for the bill unless it turns out that it was my fault that they got sick or hurt. Please sign in agreement to this.
