

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.

You only fill this out one time. After this time you just call or email me your dates.