

Intake Form

Pet's Name _____
Date _____

Owner's Name _____
Address _____
City & Zip _____

Phone Day _____
Phone Evening _____
Cell Phone _____
Emergency Phone _____
Email _____

Vet's Name, address & telephone number

Date of Chlamydia Test (Annual Exam) _____

How did you hear about us: _____

Bird Information:
Name _____
Type: _____ Male/Female Age _____

Favorite things to do _____

Favorite food _____

Special Instructions _____

What brand of pellets is your bird eating? _____
Is your bird aggressive? _____ What do you do when
Your bird is aggressive: _____

Other important information _____

