

BIRDS

Pet Name(s): _____

Breed(s): _____

Sex: _____

Description: _____

Birthdate/Age: _____

May I allow bird to fly around? _____

FEEDING

Kind of food: _____

Amount: _____

Time(s) of day: _____

Food Location: _____

Treats/Vitamins? _____

Special Habits: _____

Clean cage(s)? _____ How often? _____ Where are supplies? _____

MEDICATION

Reason for medication: _____ Name of medication: _____

Where Stored: _____ Amount: _____

Time(s) of day: _____ How administered? _____

Does pet take it well? _____

Anything Else I Should Know? (Care restrictions, warnings, behavioral information:

