

Atlanta Pet Sit Biz Bird Profile

Client Name: _____ Address _____

Bird Description _____ M / F Name _____ Friendly Y N
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Wings Clipped? Who? _____
_____ Talks? Y N Words To Bargain With _____

Afraid of Storms Y N Prone to Blood Feathers? _____

Veterinarian _____ Phone Number _____

Attitude to Strangers: Check all that apply: __ Excited __ Friendly __ Aloof __ Cautious
__ Stressed By __ Scared __ Defensive __ Indifferent __ Mean __ Will Bite

Instructions for handling? _____

Has this pet ever bitten anyone? Yes No - Acted aggressively towards anyone? Yes No

If yes, explain: _____

Favorite Hiding Place(s) if out of cage?: How best to get back in cage? _____

How To Clean Cage _____

Favorite Treat(s) Where are they kept? How given? _____

Favorite Activities / Toys / Words: _____

Feeding Instructions: _____

Other Care Instructions: _____

Physical Conditions or Problems to be alert for: _____

Any contagious illness? __ Yes __ No If yes give details _____

We ask the above question solely to be able to protect our other client's pets as well as our own with extra care and preventative measures while handling your pets and ours.

I certify that all of the above is correct to the best of my knowledge, and that I will notify Atlanta Pet Sit Biz of any changes to the above prior to the start of any Service Period.

Client Date

Atlanta Pet Sit Biz

This signed document is authorization for APSB to enter the above address for the purpose of pet care or home security checks.