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Date _____

Owner's Name _____

Pet's Name & Breed _____

PLEASE COMPLETE WITH AS MUCH DETAIL AS POSSIBLE.

Background history of your bird: eg, did they come from a breeder/pet shop/ shelter/ Re-homed?

What age was your bird when acquired?

Has your bird been in a boarding facility previously? Yes/No. If yes, was his/her experience beneficial?

Is your bird familiar with other animals (if so what type/s)?

Favourite activity/toy

Food likes (favorites)?

Food dislikes?

Eating and meal times?

Sensitive stomach issues?

What brand and type of food does your bird normally eat at home?

If your pet displayed no appetite for 5 days, what would you buy and offer that they would not refuse?

How long do you spend interacting with your bird each day?

Does your bird currently have clipped wings?

How strong is your bird's ability to fly?

Does your bird like to be handled by strangers?

Has your bird ever shown ability to open/ escape the cage?

Behaviours we should know about (eg Tricks, Phrases, Games) _____

Any injuries (current or past)?

Any surgeries (current or past)?

Any allergies?

Does your bird have a disliking to any of the following (please circle):

- Vacuums
- Brooms
- Mops
- People
- Loud noises
- Sudden movements

Any other information that will assist us in caring for your bird?

Two (2) Emergency Contacts (MUST BE DIFFERENT FROM ANY OWNERS/ PARTNERS):

All emergency contacts must know the pet and be aware that they are noted in case of emergency as they will be responsible for making any decisions on your behalf should you be un-contactable.

1) Name _____

Contact number _____

Email address _____

Relationship to owner _____

1) Name _____

Contact number _____

Email address _____

Relationship to owner _____

Current Veterinary Clinic _____

Signature _____ Date _____