

## BIRD PROFILE for THE PURRING PARROT®

**Mandatory Requirements to stay at The Purring Parrot:** There is always a risk when exposing your bird to other birds while away from home. To help keep this risk to a minimum we have required the following tests which can help us make sure only healthy birds stay at The Purring Parrot. All birds, must be tested for the following tests found below. If your bird/s were tested and then exposed to other unknown or untested birds then they will have to have updated tests before staying at The Purring Parrot. **\*\*If your bird has never been tested before please allow 5 to 14 days for test results to come back before bringing your birds in.\*\*** Test results must be within **2 months** of stay and we must have results 3 days before booking\*\*\*

**Bird safety:** If your bird is flighted or tends to get down and bothers others birds or chew on walls, etc they will have to stay in a cage.

PBFD: Psittacine Beak and Feather Disease: Old World Ancestry Only

Psittacosis: All Birds

Must be free of external parasites, if found you must have your bird treated before staying at The Purring Parrot.

Your bird(s) will also need to have had a veterinary exam in the past 12 months.

We will need you to either bring verification from your vet or have them fax it 619-223-2776.

Further testing may be required based on the individual bird's history.

Owner:		Bird's Name					
Breed				Knows 'step up' command			
Physical description:			Sex:	F	M	Unknown	
Band Number:		Birth date/Age:		Weight			
Wings clipped:	Y	N	Partially Flighted	Flighted	Friendly	N	Y
How long have you owned bird?				How often to you handle bird?			
Character of feces?			Is your bird well socialized?	N			Y

### Temperament/Personality

**Bird doesn't like or not allowed: Please check the following:**

Bathes		Touching head/back		Seed mix		Strangers	
Paper		Plastic		Sharing food		Quick movements	
Rope		Other birds		Wood		Stepping up	
Being out of cage		Being in cage		Step up stick		Pooping in cage	
Other							

Bird reacts to the above by	
-----------------------------	--

**Has bird ever: Please Check the following:**                      **Describe** (even if mild or under extreme stress)

Attacked someone/bit someone		Injured self/escaped out of fear		Escaped from home	
Attacked another animal		Injured self out of boredom			

**Please check the following regarding bird’s behavior when meeting new people:**

Aloof		Excited		Curious		Affectionate		Cautious	
Shy		Nervous		Trusting		Protective		Sensitive	
Relaxed		Vocal		Unpredictable		Aggressive		Playful	
Other									
Favorite activities, toys, treats									
Best way to get back in cage									
Words to bargain with									
Instructions for handling									

Does your bird have any health conditions, allergies or previous medical issues, such as feather picking or chronic blood feathers?    Yes        No


**Feeding Instructions: We will be providing a variety of foods to our bird guests, such as pellets, mixed seeds, nuts, fresh fruits and veggies as well as cooked grains, sprouts, and birdie bread. If you would like specific foods please list below. If you bring your own it must be unexpired, pest and spoilage-free, as well as labeled with owner and birds name.**

What kind of pellets		Amount	AM	PM

Fresh fruit preferred		Amount	AM	PM
Fresh veg. preferred				
What kind of nuts				
Treats, what kind				
Other foods				
Other foods				
Other feeding instructions				

We can also provide many other yummy cooked foods, eatable foraging foods and toys for a fee.

Medications-All medications must be labeled with vet, owner and bird's name, type of medication, dosage instructions and what it is for. Please make sure there is enough medication for stay.

Medication		Dosage		AM		PM		Orally / Treat /Injection
Medication		Dosage		AM		PM		Orally / Treat /Injection
Medication		Dosage		AM		PM		Orally / Treat /Injection

### Out of Cage Time

Each day will we provide out of cage time for your bird in our supervised aviary. If your bird gets down or flies to visit other birds they will have to stay in a cage for safety reasons.

Does your bird prefer a play stand or cage top			
Is your bird social or likes independent playtime			
Any favorite types of games			
Any type of favorite foraging toys			
Does your bird like a bath bowl or misting, if yes, how often			
What kind of music does your bird like			
Does your bird like to chew on boxes	Y	N	

### Bed Time

The aviary and cage room are equipped with solo-tubes which can be very bright at night when there is a half or full moon

Cage covered or uncovered	
---------------------------	--

### Restricted Foods, Toys or Activities


### Veterinary Information

Primary Veterinary Clinic		Phone	
Address			
Preferred Animal ER			

If circumstances permit, The Purring Parrot will give preference to your primary veterinary clinic. However, The Purring Parrot reserves the right to utilize the services of any available veterinary clinic or emergency animal clinic/ hospital in expediting care. I understand that The Purring Parrot, employees, or representatives assumes no responsibility for the actions and decisions of the veterinary staff or the loss of my bird(s). If my bird(s) should die while under the care of The Purring Parrot I request that the following arrangements be made:

--

### Veterinary Authorization to Whom It May Concern

I have contracted for services from The Purring Parrot during my absence, and I authorize The Purring Parrot, employees, representatives to act on my behalf in requesting any necessary veterinary treatment and services. The Purring Parrot is also authorized by client name entered below to seek emergency veterinary care with release from all liabilities related to transportation, treatment, and expense. Should specified veterinarian be unavailable, The Purring Parrot is authorized to approve medical and/or emergency treatment (excluding euthanasia) as recommended by a veterinarian. Client agrees to reimburse The Purring Parrot for expenses incurred, plus any additional fee for attending to this need. I accept full responsibility for charges incurred in the treatment of this pet **not to exceed \$\_\_\_\_\_** I will assume full responsibility upon my return for payment and/or reimbursement for veterinary services rendered.

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_