

Parrots Name:	Age:	DNA:		
Species:	Color:	Gender:	Male	Femal
Ring and/or micr	ochip:			
Please be assured that all personal Birdline Canada affiliates and/or agnamed bird.				
General Information				
How long have you had your bird:				
When was the last veterinary visit:				
What was the reason for this visit				
If the bird is under vet care, please	provide their contact informati	ion		
Veterinary name:	Phone	:		
Birds overall condition:				
Has this bird ever sustained any inj	uries and/or surgery :			
Has this bird ever been given any n	nedications/alternative therapid	es or vitamin sup _l	olements:	
Does this bird have any known me	dical or physical issues:			
	· <i>,</i>			
Diet				
Seed type:				
Pellets: Cooked foods:				



Routine Care							
Who is the birds primary caregiver:							
Who is the birds favorite person:							
Does your bird like children:							
Does your bird enjoy visitors:							
Is your bird hand tame and social:							
Are there any other pets in the home:							
Does the bird interact with other birds:	_						
Is your bird destructive:							
What types of perches and toys does your bird enjoy:							
Does your bird like bathing:							
Does your bird use a separate sleep cage:	_						
Does your bird have night frights:							
How many hours a day is the bird allowed out to play:							
Does your bird enjoy radio/tv when you are not home:							
Describe your birds daily activities - including wakeup/feeding/sleeping/playtime:							
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Does your bird have any known behaviorial problems ie:screaming/plucking/biting:							
Please provide any other relevant information about your bird so that we may care							
Please provide any other relevant information about your bird so that we may care for him/her to the best of our ability and to assist us in finding the most suitable							
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Parrot Information							
Parrots Name:		Age:	DNA:				
Species:		Color:	Gender:	Male Female			
	Ring and/or microchip:						
	d that all personal information pu ffiliates and/or agents, and only	•		•			
•	nat I am the rightful owner/keep t of this Surrender Agreement, a td.be						
I surrender and re	elinquish all property rights to th oird.	is bird. I certify t	hat no other pers	on has a right of			
I further authorize the release and transfer of ALL medical records pertaining to this bird to Birdline Canada Ltd and their affiliates.							
I certify that I have read and understand the terms of this Surrender Agreement.							
Owner Authoriza	tion						
Signature of auth							
(city, province) in							
	(month, day, year) o	n		_			
Name:							
Address:							
Phone:							
Birdline Authorize	ed Representative						
Birdline Authorize	ed Signature						
Birdline Canada L	td						
PO Box 90027 Ma	adigan RPO						
Calgary, AB							

Office notes:

587-777-BIRD (2473) Email: info@birdline.ca

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