

Parrot Information

Parrots Name: _____ Age: _____ DNA: _____
Species: _____ Color: _____ Gender: ☐ Male ☐ Female
Ring and/or microchip: _____

Please be assured that all personal information provided is kept confidential with the exception of any Birdline Canada affiliates and/or agents, and only for the purpose of facilitating the care of the above named 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 information
Veterinary name: _____ Phone: _____
Birds overall condition: _____
Has this bird ever sustained any injuries and/or surgery : _____
Has this bird ever been given any medications/alternative therapies or vitamin supplements: _____
Does this bird have any known medical or physical issues: _____

Diet

Seed type: _____
Pellets: _____
Cooked foods: _____
Fruits/veges: _____

