ID Code: _____

Wings and Beaks, Inc.

Boarding Contract

Avian Guest Name(s)_____

Arrival Date:_____ **Departure Date:**_____

Species:_____ **Age:**_____ **Gender:** ☐ M ☐ F

_____ _____ _____

Accommodations: ○ Luxury Boarding ○ Quality Boarding

Diet: ○ Fresh Fruit/Veg. ○ Pellet Type_____

○ Seed ○ Treat_____

All About Me!

○ I sometimes bite when: _____

○ I LOVE to escape from my cage by doing this:_____

○ My favorite activity is: _____

○ I can say: _____

○ Other interesting things about me: _____

Services to be completed during my stay: ○ Wing Clip ○ Nail Trim ○ Beak Care ○ Bath ○ Play Time:_____

Other:_____

I would like to be covered at night? ○ Yes ○ No

I drink water from a ○ Crock ○ Water bottle

Owner "Holds Harmless" Wings and Beaks, Inc. for accidental occurrences in reference to this contract.

Owner Information

Name:_____

Address:_____

_____

Phone:_____ **Cell:**_____

Emergency Contact:_____

27496 Commerce Center Dr. Temecula, CA 92590 Phone: 951-308-1020 Fax: 951-308-1967
Email: info@wingsandbeaks.com

Email Form