



Avian Information

Owner's Name: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____ Other: _____
Employed by: _____
How were you referred to our hospital? _____

Information on Bird:

Name: _____ Type of Bird: _____
Sex (if known): _____ Age: _____

Diet Information:

Pellets (type) _____ Seed (type) _____
 Vegetables (type) _____ Fruit (type) _____
 Supplements or Vitamins _____

Medical History Including Any Known Allergies:

Examinations or emergencies handled by another veterinarian:

Have you recently purchased new birds that have come in contact with this bird? No
 Yes If yes, when has (have) the bird(s) been seen by a veterinarian?

Purpose of today's visit _____