

Client last name: _____

Patient Information **Avian**

Pets Name: _____

Birth date: _____

Species: _____

M ___ F ___ Unknown___

Color: _____

Markings _____

Please circle all that apply and give explanation if necessary.

Adoption Location? _____

Diet? _____

Supplements? _____

Enclosure Type? _____

Enclosure Size? _____

Bathing or Misting? Yes No How often? _____

Sunlight? Yes No How often? _____

Chlamydophila Tested? Yes No Results? _____

Other Birds in House? Yes No Species? _____

Housed in Same Enclosure Yes No N/A

Serious Medical Problems? Yes No

Explain: _____

Medications? Yes No

Products: _____

Please Circle: Indoor / Outdoor / Both

List any other pets in your household: _____

Who was your previous veterinarian? _____

Please attach any other medical information to this form.