

Bird History Form

To help us make the proper recommendation concerning your pet's health-care needs, please complete the following questionnaire.

Date : DD / MM / YYYY

Reason for visit :

Your e-mail address :

Your email address will be kept completely confidential and will only be used to communicate about your pet

How did you hear about us?

Lifestyle

Pet's name?

How long have you owned this pet?

Where did you obtain this pet? (Pet Store, breeder, wild caught, friend)

Do you have other birds / cage-mates / house-mates? Yes / No

Are the other animals in your household healthy?

If regular habitat is not available for inspection, please describe:

a. Cage type & size:

b. Perch type/toys:

Describe typical diet (Include brand-name if applicable):

List any medications, insecticides or nutritional supplements used:

Describe previous medical problems / treatments:

Does your bird ...

fly? Yes / No

go outside? (Where?) Yes / No

travel, board or attend shows? (Where?) Yes / No

roam the house? Yes / No

chew on things (blinds / window sils, toys, etc)? Yes / No

has exposure to toxins? (ex. Second hand smoking, metals, teflon, pesticides, other?) Yes / No

Do you have any other concerns?

For our information: Do you have a need for an equine vet service? Yes / No