

Avian Pets Drop-off Form

To assist the doctor in the assessment of your pet, please take a few moments to complete this form. These are some of the questions that the doctor would ask during an appointment. By answering them now it will better enable us to proceed to a quick and accurate diagnostic/ treatment plan.

Bird's Name: _____ Species: _____
Sex: M / F / Unknown Age _____

Concern for present visit _____

*Feel free to continue additional comments on the back of form

History of any illness _____

Any previous diagnostic tests/ bloodwork? _____
Any vaccinations? _____

How long have you had your bird? _____ Are you the first owner? Y / N

Purchased from: Breeder / Pet Store / Private Party/ Other _____

Are there other birds on the premises (list & when acquired)? _____

List any other pets _____

Any of the other birds become ill or die recently (give specifics)? _____

Where does your bird live? _____
Toys available? _____ Cage Flooring _____
Method of cleaning (frequency) _____

Diet: Pelleted food (brand) _____, Seeds _____, Table foods _____
_____ Water source (cup, tube) _____

Any recent changes? _____

Signature: _____ Printed Name _____ Date _____