



Avian New Patient History

*New Client Information

Name of owner(s): _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Emergency Contact: _____ Phone: _____

Email address: _____

How did you hear about our practice? _____

Reason for visit: _____

*Pet Information

Pet's Name: _____ Species: _____ Age: _____

Date acquired: _____ Color: _____

Sex (circle): Male Female Unknown If known, how was sex identified? Surgically DNA Feathering behavior

Any identifications? (circle): Band Microchip Tattoo Other _____

*Source of Bird and Boarding History

Pet was obtained from (circle): Pet Store _____ Breeder Family/Friend

Pet's Origin (circle): Hand-raised Wild caught Unknown

Was your bird isolated from other birds prior to introducing the present locations (circle)? Yes No

In the past 12 months has your bird been boarded anywhere (circle)? Yes No

*Diet

What does your bird eat (circle all that apply)? Pelleted Food Nutri-berries/Avi-cakes Bread Nuts Seeds
Fruit Vegetables Eggs Dairy Products Meat Table Foods

How is water offered (circle all that apply)? Bowl Bottle Tap Bottle Filtered

Do you offer any of the following (circle all that apply)? Grit Cuttlebone Mineral Block Charcoal

Any recent dietary changes?: Yes No



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*Cage and Environment

Pet is kept (circle): Always caged Caged at night/part of day In an aviary Free range of house

How big is cage?: _____ What is used to line bottom of cage?: _____

What room is cage in?: _____ Is cage located near any windows/doorways? _____

What types of perches does pet use (circle all that apply): Cotton Rope Cement Wood Dowels Natural Plastic

How often do you bathe your bird (circle)??: Daily Weekly Monthly Yearly Never

How many hours of sleep (darkness) does your pet get daily (circle)??: 6-8 8-10 10-12

Does your bird have a play area outside of its cage (circle)??: Yes No

What kind of toys does your bird play with (circle all that apply)?: Mirrors Bells Wooden Plastic Ropes Other: _____

Does your bird share a cage with any other bird(s)(circle)??: Yes No

If so, how many other birds and what species?: _____

Is your bird ever exposed to (circle): Cigarette Smoke/Vapor cigarettes Scented Candles/Incense Chemicals

Does your bird chew on anything that may contain lead (circle)??: Yes No Unsure

*Previous Medical History

Has your bird had any previously diagnosed illness?: Yes _____ No

Does your bird take any vitamin supplements or medications?: Yes _____ No

Have you ever noticed any of the following signs (circle all that apply)?: Drooping Wings Tail-bobbing
Sitting fluffed-up Difficulty breathing Change in stool consistency Regurgitation/Vomiting Egg-laying
Change in appetite Fainting Feather picking Lameness Aggression/Biting Difficulty perching Blindness
Change in personality Excessive water drinking Change in vocalizations Diarrhea or constipation Bleeding

*Authorization: I hereby authorize the veterinarian to examine, prescribe for, for treat the above patient. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit of the estimate cost will be required for surgical treatment.

****Payment for all services are due at the time of the visit****

****We accept Visa, Mastercard, Discover, American Express, Care Credit, and Cash****

****PERSONAL CHECKS ARE NOT ACCEPTED AT FIRST VISIT****



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City Creatures Animal Hospital utilizes social media as a business form of marketing and as an educational resource for pet owners. Within the context of promoting the business, we would like to use images, videos, and/or information regarding your pet's health condition. If you do not wish to participate simply check the box below and initial.

Opt Out

Signature of Owner: _____ Date: _____