

The Animal Clinic of East Avenue
Avian History Form

Client Information:

Name: _____
Address: _____
Phone: _____
SS # _____

Emergency Contact:

Name: _____
Address: _____
Phone: _____
SS # _____

General History:

Bird's Name: _____ Sex M F N/A
How was bird sexed? Blood test surgical
Does the bird have any specific identification? (tattoo, band, microchip) _____
If bird is a female, has she produced eggs in past? _____
Bird is a: Pet breeder
How was bird acquired? store breeder other
if other, please describe _____ Date acquired _____
Are there any other pets in the house? Y or N
If yes, please specify _____

Housing:

Is the bird kept: Indoors outdoor both If both specify percentage _____
How is the bird housed? cage aviary free in house
Is the bird housed alone? Y or N If no describe _____
If bird is caged, what type of cage? _____
What material is used on the bottom of the cage? _____
How often is the cage cleaned? _____
How often do you clean food and water dishes _____
Are any toys kept in the cage? _____ If yes, describe _____
Has the birds environment changed recently? _____ If yes, how? _____
At night is the bird covered? Y or N
How many hours of darkness does the bird have each day? _____

Diet:

What foods are offered to the bird and in what percentage? (e.g. 50% seed) _____
What foods are removed from the cage at night? _____
Are any supplements offered? If yes, list brands _____
Are any treats offered? _____ What type? _____ How often? _____
Has there been any recent change in diet? _____
How is water offered? (e.g. sipper bottle, bowl) _____

Reason for Today's Visit:

Has the bird ever been seen by a veterinarian? Y or N If yes, When? _____
Why? _____
Has the bird been sick previously? _____
Have any test been performed previously on the bird? (Please circle all that apply)
Psittacosis CBC Psittacine beak and feather disease polymavirus parasites
other blood work _____

Payment Policies:

A charge may be assessed for appointments cancelled without at least 2 hours notice.

***** FULL PAYMENT IS EXPECTED AT TIME OF SERVICE***** Unpaid charges will incur finance/billing charges monthly until paid in full. Any check returned unpaid will incur a \$25.00 fee. After 2 checks have been returned unpaid, payment must be in form of cash, money order or credit card. Any account deemed "difficult to collect" by management, will be forwarded to a collection agency. All fees associated with the collection process, including but not limited to: agency fees, attorney fees, and court costs will become the responsibility of the delinquent party.

****I acknowledge that I have read, understand and agree to the above listed payment policies. In addition, I agree that accepting service and/or merchandise offered by the Animal Clinic of East Ave., I am contracting to pay full price of the service/merchandise, less any discount extended to me by hospital management.**

SIGNATURE: _____ **DATE:** _____