

Avian Information Form

Owner Info:

Emergency Contact:

Name: _____

Name: _____

Address: _____

Address: _____

Primary Phone: _____ Text: Y or N Primary Phone: _____

_____ Text: Y or N

Secondary Phone: _____ Text: Y or N Secondary Phone: _____

Text: Y or N

email: _____

email: _____

email reminders? Y or N

email reminders? Y or N

Driver's license _____ - _____ - _____ (if writing a check)

•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? Y or N _____
Breeder _____ Bird is a: Pet _____

How was bird acquired? store _____ breeder _____ other _____

if other, please describe _____

Date acquired _____

Are there any other pets in the house? Yes or No

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 do you use to line the cage? Newspaper Paper towels Corn-cob

Other _____

How often is the cage cleaned? _____

How often do you clean food and water dishes? _____

Are any toys kept in the cage? Y or N

If yes, _____

describe: _____

Has the birds environment changed recently? Y or N

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? Y or N

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? Y or N

If yes, please

explain: _____

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: _____

Whom may we thank for referring

you? _____

Payment Policies:

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***** FULL PAYMENT IS EXPECTED AT TIME OF SERVICE*****

If there remains a balance that cannot be collected at time of service, I understand that it will be subject to the billing policies of the Animal Clinic of East Avenue. This includes balances subject to 10% interest every month and billing charges until a balance is > 3 months and then balance will be subject to a 15% interest charge. Account past due > 3 months will be sent to collections. Late fees will apply to accounts without monthly payments of > 10% of the balance. 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. 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. A charge may be assessed for appointments cancelled without at least 24 hours notice.
**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 acknowledge and understand acceptance of use of any photographic images are the property of Animal Clinic of East Avenue for representation of company for internet, digital or local representation.*

SIGNATURE: _____ **DATE:** _____