PINE TREE
VETERINARY HOSPITAL

Bird Information

Owner's Last name:_____First:_____
Patient's name: _____ Age/Birthday: _____

Psittacine ❑ Non-Psittacine ❑ Species:_____

Color _____ How long have you owned?_____

Sex: Male ❑ Female ❑ Unknown ❑ How was sex determined?_____

Microchipped? Yes❑ No ❑

Does your pet have allergies? Yes ❑ No ❑ Not sure ❑

If yes, please list them_____
Is your pet primarily outdoors or indoors?_____

Has your pet ever had a reaction to medications? Yes ❑ No ❑

List any major surgeries or illnesses your pet has had:

_____

List any behavior problems we need to be aware of:

_____

List all foods and treats you give your pet and approximate percentages:

_____

List any medications or supplements given:

_____

_____

Previous Medical Records? Yes ❑ No ❑

If yes, which clinic? _____ May we contact them for records? Yes □ No □

Please circle any of the following medical issues you have concerns with for your pet:

Vomiting/Regurgitation	Increased urination	Lethargy
Abnormal feces	Trouble perching	Increased Drinking
Coughing/Sneezing/ Tail bob	Feather Plucking	Decreased Appetite

Other: _____

This form can be faxed to us at (425) 947- 9832
or scanned and emailed to pinetreehospital@gmail.com
or brought in with you for your first appointment

Professional Fees are to be paid at time of services. For your convenience we accept Cash, Check (with a valid driver's license), Visa, Mastercard, Discover, American Express, and care credit . Returned checks are subject to a $35.00 fee.

Signature_____**Date**_____