



Bird Information

Owner's Last name _____ First _____

Patient's name _____ Age/Birthday _____

Psittacine (parrot) Non-Psittacine Species _____

Color _____ How long have you owned? _____

Sex: Male Female Unknown How was sex determined? _____

Microchipped? Yes No

Is your bird flighted? Yes No History of wing trims? Previously Currently trimmed

Describe the type of cage: _____

List all foods and treats you give your pet::

List any major surgeries, illnesses or medication reactions your pet has had:

List any behavior problems we need to be aware of:

List any medications or supplements given:

List any other pets in the house:

Previous Medical Records? Yes No

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

Does your pet have Pet Insurance? Yes No If yes, with whom? _____

Reason for Exam:

Annual physical

Feather Plucking

Vomiting/Regurgitation

Increased urination

Lethargy

Abnormal Feces

Trouble perching

Coughing/Sneezing/Tail-bob

Decreased Appetite

Fluffed Feathers

Increased Drinking

Other: _____

This form can be faxed to us at (509) 505-0251
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 Carecredit . Returned checks are subject to a \$35.00 fee.

Signature _____ **Date** _____