LISA M. CARR, DVM
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240-687-1414

Where All Life Matters

AVIAN NEW PATIENT FORM

Environment and diet play a fundamental role in the health of exotic pets. In order to obtain the best assessment of your pet's health and therefore provide the most appropriate care, it is very important that we have very detailed information regarding your pet. Please complete this form as thoroughly and accurately as possible. If you are unsure about any questions, please answer to the best of your ability or ask a veterinarian or staff member for clarification.

CLIENT INFORMATION

Date: _____ How did you hear about us? _____

Name: _____

Spouse/Secondary Name (if applicable): _____

Mailing Address: _____

City State Zip: _____

Home Telephone: (_____)_____ Work Telephone: (_____)_____

Cell Phone: (_____)_____ E-mail Address: _____

PATIENT INFORMATION

Name: _____

Species (common & scientific name, if known): _____

Age: _____

Sex: Male Neutered Male Female Spayed Female Unknown

How was the bird sexed? (circle all that apply) Blood Test (DNA) Surgical (endoscopy) Visually

Color/Markings: _____

Any specific identification? (circle all that apply) Tattoo Leg band Microchip Other

Please describe ID location and details: _____

VETERINARIAN REFERRAL INFORMATION

Hospital Name: _____

Practice Limited to Birds, Reptiles and Exotic Mammals

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VETERINARY CARE

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Address: _____

Telephone: (_____) _____ Fax: (_____) _____

(If referred, the following information must be provided.)

REASON FOR TODAY'S VISIT

What signs have you noticed that prompted today's visit? _____
_____

How long have you noticed the problem? _____

Has the problem gotten worse, better or stayed the same? _____

Is your bird currently on any medication? Yes No

If yes, please describe: _____
_____
_____

Have you noticed any of the following signs? (Please mark all that apply and provide details)

Behavior change

Change in exercise ability

Nasal or ocular discharge

Regurgitation

Change in stool quality

Change in urine/urate quality/color

Change in urine volume

Lameness/weakness

Scratching

Feather abnormalities

Other Increased thirst
Decreased thirst

Increased appetite

Decreased appetite

Weight loss

Weight gain

Lethargy

Sneezing

Voice change

Vomiting

Increased breathing rate or effort

Explain above signs: _____
_____

Has your bird been sick previously? Yes No
If yes, please describe: _____
_____

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Has your bird ever been seen by another veterinarian? Yes No
If yes, please list when/why: _____

Has any member of your household (human or animal) had an illness in the last month? Yes No
If yes, please describe: _____

Additional comments regarding your visit today: _____

Have any tests been performed previously on your bird? (Circle all that apply)

Psittacosis (*Chlamydophila*)

CBC

Chemistry Panel (organ function tests)

Polyomavirus

Psittacine Beak and Feather Disease

Parasite Examination

Radiographs (X-rays)

Other Tests (describe)_____
_____

HOUSING

Is this bird kept: Indoors Outdoors Both Please give details:_____

How is your bird housed? Cage Aviary Free in the house

Is your bird allowed outside of the cage? Yes No If yes, how often:_____

Is the bird supervised at all times when out of the cage? Yes No
If no, please describe: _____

Is your bird housed alone? Yes No
If no, explain: _____

If caged, what type/size of cage?

What do you use on the bottom of the cage?

Is a grate present? Yes No

How often is the cage cleaned? Describe method of cleaning: _____

How often are the food and water dishes cleaned? _____

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Describe method of cleaning: _____

What cage furnitures present? Perches Toys Swings Nest box Other

Please describe the cage layout: _____

Please describe any bathing/shower activity provided (including how often):_____
_____

Has your bird's environment changed recently? Yes No
If yes, describe: _____
_____

What is the night-time procedure for your bird? Cage covered Placed in nighttime cage No change
Other (please describe):_____

How many hours of darkness does your bird have each 24 hour period? _____

Do you have: Candles Fireplaces Teflon cookware Wood or oil burning heater?

GENERAL HISTORY

How did you acquire your bird? Store Breeder Other

Source: Captive bred Wild caught (Imported) Unknown

Date acquired: _____ Age when acquired: _____

Bird is a: Pet Breeder Other

Has any reproductive activity been noted? Yes No If yes, please describe in detail:

When was your bird's last routine feather loss?_____

Is your bird vaccinated? Yes No
If yes, please list vaccines and dates: _____

Do you have your bird's wings trimmed? Yes No
If yes, please describe your trim technique preference: _____

Do you have any other birds/pets? Yes No
If yes, please specify species, including ages and when acquired: _____
_____

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Has there been any contact between humans or birds in your household with any other birds in last 1-3 months?
Yes No If yes, please describe: _____

Does your bird have any exposure to full spectrum (UV A or B) lighting? Yes No
If yes: Direct sunlight Sunlight through window Special bulbs (please describe)_____

Do any smokers live in the house or visit regularly? Yes No

If yes, describe: _____

Is any of the following present in your home? (Please mark all that apply)

Sprays (air fresheners, insecticides, cleaning products, etc.)

Houseplants to which your bird has access

Painted or linoleum surfaces to which your bird has access

Dust (within the home or nearby construction)

Any other possible toxins or irritants? _____

DIET

How often is food offered to your bird? _____

What specific types of foods are offered to your bird? In what total percentages are they given? _____
_____

Seed Mix - Brand/type: _____
Amount given Percent of daily diet: _____

Pellets – Brand: _____
Amount given Percent of daily diet: _____

Vegetables/Fruit – Type: _____
Amount given Percent of daily diet: _____
Fresh Frozen/thawed Dehydrated Other:

Proteins (tofu, meat, eggs, cheese) – Type: _____
Amount given/Percent of daily diet: _____

Treats – Type: _____

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Amount given/Percent of daily diet: _____

Other: _____

Amount given/Percent of daily diet: _____

How much of these foods are actually consumed daily? _____

Any supplements offered? Yes No If yes, which brand and how often? _____

Any recent diet changes or new foods? Yes No If yes, describe: _____

How is water offered? Bowl Sipper bottle Other _____

Which water source do you provide? Tap Bottled Well Rain

How often is the water changed? _____