



LISA M. CARR, DVM  
drcarr@marylandexotics.com

LARA BACKUS, DVM  
drbackus@marylandexotics.com

240-687-1414

## **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: \_\_\_\_\_



LISA M. CARR, DVM  
 drcarr@marylandexotics.com

LARA BACKUS, DVM  
 drbackus@marylandexotics.com

240-687-1414

## **AVIAN NEW PATIENT FORM**

### VETERINARIAN REFERRAL INFORMATION

Hospital Name: \_\_\_\_\_  
 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                     | Increased thirst                   |
| Change in exercise ability          | Decreased thirst                   |
| Nasal or ocular discharge           | Increased appetite                 |
| Regurgitation                       | Decreased appetite                 |
| Change in stool quality             | Weight loss                        |
| Change in urine/urate quality/color | Weight gain                        |
| Change in urine volume              | Lethargy                           |
| Lameness/weakness                   | Sneezing                           |
| Scratching                          | Voice change                       |
| Feather abnormalities               | Vomiting                           |
|                                     | Increased breathing rate or effort |

Explain above signs: \_\_\_\_\_  
 \_\_\_\_\_

Has your bird been sick previously? Yes No

If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_



LISA M. CARR, DVM  
drcarr@marylandexotics.com

LARA BACKUS, DVM  
drbackus@marylandexotics.com

240-687-1414

## **AVIAN NEW PATIENT FORM**

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)

Psittacine Beak and Feather Disease

CBC

Parasite Examination

Chemistry Panel (organ function tests)

Radiographs (X-rays)

Polyomavirus

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? \_\_\_\_\_



LISA M. CARR, DVM  
drcarr@marylandexotics.com

LARA BACKUS, DVM  
drbackus@marylandexotics.com

240-687-1414

## **AVIAN NEW PATIENT FORM**

Describe method of cleaning: \_\_\_\_\_

What cage furniture is 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: \_\_\_\_\_



LISA M. CARR, DVM  
drcarr@marylandexotics.com

LARA BACKUS, DVM  
drbackus@marylandexotics.com

240-687-1414

## **AVIAN NEW PATIENT FORM**

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: \_\_\_\_\_



LISA M. CARR, DVM  
drcarr@marylandexotics.com

LARA BACKUS, DVM  
drbackus@marylandexotics.com

240-687-1414

### **AVIAN NEW PATIENT FORM**

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? \_\_\_\_\_