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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? (check all that apply)  Blood Test (DNA)  Surgical (endoscopy)  Visually

Color/Markings: \_\_\_\_\_

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

Please describe ID location and details: \_\_\_\_\_

\_\_\_\_\_



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### 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)

- |  |   |
|--|---|
| <input type="checkbox"/> Behavior change                     | <input type="checkbox"/> Increased thirst                   |
| <input type="checkbox"/> Change in exercise ability          | <input type="checkbox"/> Decreased thirst                   |
| <input type="checkbox"/> Nasal or ocular discharge           | <input type="checkbox"/> Increased appetite                 |
| <input type="checkbox"/> Regurgitation                       | <input type="checkbox"/> Decreased appetite                 |
| <input type="checkbox"/> Change in stool quality             | <input type="checkbox"/> Weight loss                        |
| <input type="checkbox"/> Change in urine/urate quality/color | <input type="checkbox"/> Weight gain                        |
| <input type="checkbox"/> Change in urine volume              | <input type="checkbox"/> Lethargy                           |
| <input type="checkbox"/> Lameness/weakness                   | <input type="checkbox"/> Sneezing                           |
| <input type="checkbox"/> Scratching                          | <input type="checkbox"/> Voice change                       |
| <input type="checkbox"/> Feather abnormalities               | <input type="checkbox"/> Vomiting                           |
|  | <input type="checkbox"/> 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? (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Psittacosis (Chlamydophila)            | <input type="checkbox"/> Psittacine Beak and Feather Disease |
| <input type="checkbox"/> CBC                                    | <input type="checkbox"/> Parasite Examination                |
| <input type="checkbox"/> Chemistry Panel (organ function tests) | <input type="checkbox"/> Radiographs (X-rays)                |
| <input type="checkbox"/> Polyomavirus                           | <input type="checkbox"/> 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 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: \_\_\_\_\_



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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? \_\_\_\_\_