



LISA M. CARR, DVM
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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)

- 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

- 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? (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?

If yes: Direct sunlight Sunlight through window Yes No

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? _____