



# WELCOME

## TO OUR PRACTICE

### AVIAN & EXOTIC PET INFORMATION

DATE: \_\_\_\_\_ OWNER'S NAME: \_\_\_\_\_

PET'S NAME: \_\_\_\_\_ BAND # \_\_\_\_\_

BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_

HATCHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: M \_\_\_ F \_\_\_ DNA SEXED? \_\_\_ UNK \_\_\_

WHEN OBTAINED \_\_\_\_\_ From: Friend \_\_\_ Breeder \_\_\_ Pet Store \_\_\_ Other \_\_\_\_\_

PET'S DIET: Brand \_\_\_\_\_ Pellets \_\_\_ Seeds \_\_\_ Mix \_\_\_

Greens (ie. Lettuce) \_\_\_\_\_

Veggies \_\_\_\_\_

Fruit \_\_\_\_\_

Treats \_\_\_\_\_

Human Food \_\_\_\_\_

CAGE: Dimension \_\_\_\_\_ Location \_\_\_\_\_ Substrate \_\_\_\_\_

Cage Mates \_\_\_\_\_ Sleep Pattern \_\_\_\_\_

Lighting and Heat Source \_\_\_\_\_

IS YOUR BIRD FLIGHTED? Y\_\_\_ N\_\_\_ N/A\_\_\_ DO YOU HANDLE YOUR PET? Y\_\_\_ N\_\_\_

LAST VETERINARY VISIT \_\_\_\_\_

HAS YOUR PET EVER BEEN RESTRAINED FOR AN EXAM BEFORE Y\_\_\_ N\_\_\_

REASON FOR VISIT: Annual \_\_\_\_\_ Nonroutine (ie. Meet/Greet) \_\_\_\_\_

Sick \_\_\_ Primary Problem: \_\_\_\_\_

IMPORTANT PET INFO (ie. aggressive) \_\_\_\_\_