



# SMALL ANIMAL MEDICINE & SURGERY

3200 Sherrills Ford Road  
Salisbury, NC 28147  
704-636-6613

## NEW PATIENT INFORMATION

### Avian Husbandry & History

Today's Date \_\_\_\_\_

Name

\_\_\_\_\_ You \_\_\_\_\_

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\_\_\_\_\_ Spouse or 2<sup>nd</sup> Contact \_\_\_\_\_

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P.O. Box

Street Address

City, State, Zip

Home Phones

Cell Phones

Work Phones

E-Mail

Employer

Employer Address

City, State, Zip

**General:**

Bird's name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_ Unknown \_\_\_\_\_

Bird is a: Pet \_\_\_\_\_ Breeder \_\_\_\_\_

If bird is a female, has she produced eggs in the past? \_\_\_\_\_

Has she had any problems related to laying? \_\_\_\_\_

Does the bird have any specific identification? (e.g., tattoo, band, microchip) \_\_\_\_\_

How long have you had this bird? \_\_\_\_\_

Where did you get it? Store \_\_\_\_\_ Breeder \_\_\_\_\_ Other \_\_\_\_\_

Are there any other pets in the house? Y \_\_\_\_\_ N \_\_\_\_\_

If yes, please specify species & number: \_\_\_\_\_

**Housing:**

Is the bird kept: Indoors \_\_\_\_\_ Outdoors \_\_\_\_\_ Both \_\_\_\_\_

What room is the bird kept in? \_\_\_\_\_

How is the bird housed? Cage \_\_\_\_\_ Aviary/Flight \_\_\_\_\_ Free in the house \_\_\_\_\_

Is the bird housed alone? Y \_\_\_\_\_ N \_\_\_\_\_ If no, list number & species in same enclosure/cage.

Size of cage/enclosure \_\_\_\_\_

What material is used on the bottom of the cage (paper, shavings, etc.) \_\_\_\_\_

How often is the cage cleaned? \_\_\_\_\_ With what? \_\_\_\_\_

List the method/frequency of cleaning food and water dishes: \_\_\_\_\_

Please describe toys & other furnishings in cage: \_\_\_\_\_

Has the bird's environment changed recently? Y \_\_\_\_\_ N \_\_\_\_\_ If yes, describe \_\_\_\_\_

Is the bird covered at night? Y \_\_\_\_\_ N \_\_\_\_\_ At other times? \_\_\_\_\_

How many hours of darkness does the bird have each day? \_\_\_\_\_