

AVIAN DROPOFF ADMISSION

Owner Name _____ Date _____

Bird's Name _____ Species _____

Phone Number(s) where you can be reached throughout day, and times at each #:

Why is your bird being presented today? _____

Appetite? _____ How often change food? _____

Drinking? _____ How often change water? _____

What types of food? _____

_____ What type of water (city, bottled, well)? _____

Droppings-any change from normal? _____

Regurgitating? _____ If yes to either, how long? _____

Favoring leg or wing? _____ If yes, how long? _____

Any change in behavior? _____

Recent move (new house/new room)? _____

New roommates or pets? _____ Any one in house smoke? _____

Is this regular or traveling cage? _____ Last time cage cleaned? _____

Do we have permission to do diagnostics? Labwork- _____ Xrays- _____

Do we have permission to treat, or call first? _____

Any other information we should be aware of? _____

Owner's Signature _____