

Avian Husbandry Client Intake Form

Client Name _____ Patient Name _____

Species _____

Age _____

Sex M F DNA test? Eggs?

Where obtained _____

How long owned _____

Brief reason for today's visit _____

HOUSING

Describe patient's primary enclosure _____

Dimensions ____ X ____ X ____

What area of the home is the patient kept in? _____

Substrate _____

How often is the enclosure cleaned? _____

Temperature in the room where the patient is kept? Day ____ °F Night ____ °F

Does patient spend any time out of his/her cage: Y N If yes, is he/she supervised? Y N

How many hours per day?

Any special accommodations (play stand, free standing perches, toys, etc.)?

Light cycle: ____ hrs light ____ hrs dark

Is the patient covered at night: Y N

DIET

Is fresh water available at all times? Y N

Primary foods offered _____ Brand/Where purchased? _____

How often is patient fed? _____ How much? _____

For birds eating mixed diets, does the patient pick out certain items? _____

List any treats or other food items offered _____

Supplements Y N If yes, please explain _____

How often are the patient's dishes washed? _____ Any detergent used Y N

MEDICAL HISTORY

Has the patient ever had any health problems? Y N If yes, please explain _____

Has the patient ever been seen by another DVM? Y N Clinic or Dr.'s name? _____

If the patient has been seen by another DVM, may we request records? Y N

OTHER

Does anyone in the household use tobacco products? Y N

Is there any use of aerosol sprays, scented candles, incense, etc. in the home? _____

Does the patient bathe? Y N If yes, how often? _____

Are there any other pets in the home? Y N _____