

# EXOTIC COMPANION

## BIRD REGISTRATION

Primary caregiver's name \_\_\_\_\_ Home phone (\_\_\_\_) \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Business phone (\_\_\_\_) \_\_\_\_\_ Best time to call: Day \_\_\_\_\_ Eve \_\_\_\_\_

Occupation of caregiver \_\_\_\_\_

No. of adults in household \_\_\_\_\_ Ages of children \_\_\_\_\_ Other pets in household? \_\_\_\_\_

### Pet Details

Bird's name: \_\_\_\_\_

Species/Breed/Variety \_\_\_\_\_ I.D. Type \_\_\_\_\_ I.D. No. \_\_\_\_\_

Sex: M \_\_\_\_\_ F \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_ Color \_\_\_\_\_ Length of time in household \_\_\_\_\_

Idiosyncrasies \_\_\_\_\_

Females only: How many clutches of eggs? \_\_\_\_\_ When was last clutch? \_\_\_\_\_

### Housing

Does bird have access to entire house? \_\_\_\_\_ Indoor? \_\_\_\_\_ Cage? \_\_\_\_\_ Outdoor aviary? \_\_\_\_\_

Other special quarters? \_\_\_\_\_

Temperature in enclosure: Day? \_\_\_\_\_ Night? \_\_\_\_\_

Light control cycle timer: Electric \_\_\_\_\_ Manual \_\_\_\_\_ Duration of light: \_\_\_\_\_ hrs Dark: \_\_\_\_\_ hrs

Hours in direct sunlight? \_\_\_\_\_ Lights turned on/off by family? \_\_\_\_\_

### Diet/Feeding

Basic, primary food(s) \_\_\_\_\_ How often are these offered? \_\_\_\_\_

How long does it take to eat each portion? \_\_\_\_\_

Other foods offered? \_\_\_\_\_ How often? \_\_\_\_\_

### History

Please list briefly any previous health problems, including when they were noticed and when and how they were resolved:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Adverse reactions to medications? \_\_\_\_\_

Date of last fecal parasite test \_\_\_\_\_ Results: \_\_\_\_\_

### Reason for today's visit

If for illness or injury, please include date first noticed, changes observed during the problem, methods of treatment used (if any), and any other important, pertinent details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that all fees for services are to be paid at the time of release (unless prepaid) and I plan to pay by:

Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit card \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

Who referred you to us? Please circle one: Pet shop \_\_\_\_\_ Yellow Pages \_\_\_\_\_ Friend \_\_\_\_\_ Newspaper \_\_\_\_\_ TV \_\_\_\_\_ Dr. \_\_\_\_\_

Veterinarian/Clinic