

Evergreen Avian & Exotic Animal Hospital

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BIRD REGISTRATION

Pet Information

Pet's Name: _____ I.D./Microchip No. _____

Species: Avian Breed/Variety: _____

Circle: Male / Female*

Date of birth or approximate year of birth: _____ Color: _____

Acquired from: _____ Length of time in household: _____

Other pets in household: _____

*Females only: How many clutches? _____ When was last clutch? _____

Housing

Does bird have access to (circle): *entire house / outside aviary / other*: _____

Cage Size: _____ x _____ x _____ Other cages? *Y / N, if yes what size?* _____

Time spent in cage _____ hours; Time spent out of cage _____ hours; Time unsupervised _____ hours

Temperature in enclosure: Day? _____ Night? _____

Duration of light: _____ hours; dark _____ hours; direct sunlight _____ hours/frequency _____

Lights turned on/off by family? *Y / N* Broad spectrum or UV light provided? *Y / N, if yes what type* _____

Types of Perches: _____; How old is your cage? _____

Diet/Feeding

Pelleted diet brand: _____ cup(s); _____ tablespoons; types/Frequency _____

Fresh produce: _____ cup(s); _____ (tablespoons); types/Frequency _____

Cooked food: _____ cup(s); _____ (tablespoons); types/Frequency _____

Seeds/Nuts: _____ cup(s); _____ (tablespoons); types/Frequency _____

Table food: _____ cup(s); _____ (tablespoons); types/Frequency _____

Other foods/supplements: _____ cup(s); _____ tablespoons; types/frequency _____

History

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

Adverse reactions to medications/Difficulty medicating? _____

Previous veterinarian/veterinary clinic: _____

Date of last veterinary visit: _____ Reason for visit: _____

Date of last: bloodwork _____; culture _____; fecal _____; Polyoma vaccine _____

Radiographs? *Y / N*