

Glenwood Village Pet Hospital  
555 East Glenwood-Lansing Road  
Glenwood, Illinois 60425  
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[www.gvph.com](http://www.gvph.com)

## AVIAN FORM



### Owner Information

Owner's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Pronouns (He/She/They): \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Current Phone Number:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about us?

- Yellow Pages
- Hospital Sign
- Website
- Referral (whom may we thank?) \_\_\_\_\_

### Background Information

Patient's Name: \_\_\_\_\_ Species: \_\_\_\_\_ Sex: \_\_\_\_\_

Description (color, etc.) \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of patient's origin and how long have you owned him/her? \_\_\_\_\_

How often is the animal handled? (Daily, Occasionally, Never) \_\_\_\_\_

List dates of most recent vaccines: \_\_\_\_\_

Is the bird ever taken outside? Y/N

Any other pets? If yes, please list: \_\_\_\_\_

If other birds, are they housed together or singly? \_\_\_\_\_

If not housed together, where are other birds located? \_\_\_\_\_

Any new additions to the population? Y/N If yes, where was the new addition acquired? \_\_\_\_\_

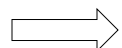
Was the new addition(s) quarantined? Y/N How long? \_\_\_\_\_

Please list any current or ongoing medical problems: \_\_\_\_\_

Please list any prior medical problems, traumas, surgeries: \_\_\_\_\_

Please list any current medications: \_\_\_\_\_

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Please list any known reactions/allergies to medications, vaccines, or anesthesia:

\_\_\_\_\_

\_\_\_\_\_

Previous veterinarian or animal hospital: \_\_\_\_\_

Presenting problem: \_\_\_\_\_

\_\_\_\_\_

Duration of problem: \_\_\_\_\_

### **Husbandry:**

Where is the cage located? \_\_\_\_\_

Type and Size of caging? (Plastic, Metal, etc.) \_\_\_\_\_ Galvanized metal? Y N

Cage bedding/substrate: \_\_\_\_\_

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

What type of disinfectant is used to clean the cage? \_\_\_\_\_

Types of toys/perches offered? \_\_\_\_\_

### **Nutrition:**

Types of food offered:

1. Pellets Y/N If yes, what brand? \_\_\_\_\_ Amount fed/frequency \_\_\_\_\_

2. Vegetables Y/N If yes, what types? \_\_\_\_\_ Amount fed/frequency \_\_\_\_\_

3. Fruits Y/N If yes, what types? \_\_\_\_\_ Amount fed/frequency \_\_\_\_\_

4. Seed Y/N If yes, what types? \_\_\_\_\_ Amount fed/frequency \_\_\_\_\_

5. Other: \_\_\_\_\_

Supplements/Vitamins: \_\_\_\_\_

Water source: \_\_\_\_\_ how often is the water changed? \_\_\_\_\_

To the best of my knowledge, the above information is correct. If clarification of medical history is needed, I authorize you to contact my referring veterinarian. I understand that payment is due at the time services are rendered. I agree to pay all charges at the time my pet is discharged.

Owner's signature \_\_\_\_\_ Date: \_\_\_\_\_