



*Wildwood Veterinary Hospital 1115 Luchessi Drive, San Jose, California 95118 408.265.8811*

**New Patient Information:**

Thank you for giving us the opportunity to help care for your pet. In order to serve you better, please fill out the following information about your bird.

Patient name: \_\_\_\_\_ Date: \_\_\_\_\_

Do you know the sex of your pet? Female      Male      Unknown

How was this determined? Diagnostic testing      Other: \_\_\_\_\_

If female, has your pet ever laid eggs? Yes      No

What is your pet's date of birth? (Month and year)? \_\_\_\_\_ Estimated: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Where did you acquire your pet? \_\_\_\_\_

When did you acquire your pet? (Month and year)? \_\_\_\_\_

**Husbandry Information**

Are there other pets in your home? Yes      No

If yes, please specify: \_\_\_\_\_

Does your pet share an enclosure with any other animals? Yes      No

If yes, please specify: \_\_\_\_\_

What does your pet eat? Please include all foods and treats offered: \_\_\_\_\_

\_\_\_\_\_

Do you offer pellets? Yes      No

If yes, what brand? \_\_\_\_\_

How often do you feed your pet and how much is offered? \_\_\_\_\_

Do you give any supplements (calcium, calcium with Vit. D3, multivitamin, grit, cuttlebone, oyster shell, other)? Yes      No

If yes, please specify: \_\_\_\_\_

Is your pet flighted? Yes      No

How much sleep does your bird get and is the cage covered? \_\_\_\_\_

Does your bird step up? Yes      No

What is the size and type of the cage? \_\_\_\_\_

What kind of bedding (substrate) is used in the cage?

Paper towel      Paper or Newspaper      None      Other: \_\_\_\_\_

Please list and describe any cage furniture, nest box, branches, climbing structures, and toys:

\_\_\_\_\_

How often do you clean the cage and what do you use? \_\_\_\_\_



*Wildwood Veterinary Hospital 1115 Luchessi Drive, San Jose, California 95118 408.265.8811*

Do you provide a water dish or water bottle? \_\_\_\_\_

How frequently is it cleaned? \_\_\_\_\_

Do you provide showers or misting? Yes No

If yes, how and how often? \_\_\_\_\_

Sink Shower Misting Other: \_\_\_\_\_

Do you handle your pet? Yes No

If yes, how frequently and how long? \_\_\_\_\_

Does your pet get any free roam time? Yes No

If yes, how frequently and how long? \_\_\_\_\_

**Visit Information:**

What is the reason for the visit? \_\_\_\_\_

Has your pet received prior veterinary care? Yes No

If yes, when and where? Please provide all locations and approximate dates: \_\_\_\_\_

Please describe any previous medical problems: \_\_\_\_\_

What medication is your pet currently on? Include all prescriptions, supplements, vitamins, topical treatments, etc: \_\_\_\_\_

If your pet is sick, has your pet experienced any of the following?

Regurgitation	Diarrhea	Coughing	Sneezing
Loss of appetite	Change in activity level		No

If present, please describe: \_\_\_\_\_

Has your pet experienced any of the following?

Excessive consumption of water	Excessive urination	Straining to urinate
Decreased stool production	Straining to defecate	No

If present, please describe: \_\_\_\_\_

When did the above symptoms first appear? \_\_\_\_\_ N/A

How have these symptoms changed since first being noticed? \_\_\_\_\_ N/A

Have any at home treatments been provided for this concern? \_\_\_\_\_ N/A

**Behavior Comments:**

Has your pet exhibited aggressive behavior before? Yes No

If yes, please describe: \_\_\_\_\_

Is your pet exhibiting hormonal or mating behaviors? Yes No



*Wildwood Veterinary Hospital 1115 Luchessi Drive, San Jose, California 95118 408.265.8811*

**Please Initial One:** Do Resuscitate: \_\_\_\_\_ Do Not Resuscitate: \_\_\_\_\_

I, the undersigned, certify that the above information is true and correct to the best of my knowledge.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Printed Name: \_\_\_\_\_

Primary Caretaker (if different from above) and age (if minor): \_\_\_\_\_