



## Mariposa Veterinary Wellness Center

13900 Santa Fe Trail Dr., Lenexa, Kansas 66215

(913) 825-3330

www.MariposaVet.com

Info@MariposaVet.com

# Avian History Form

Primary owner: \_\_\_\_\_ Co-owner: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship to primary owner : \_\_\_\_\_

Address, city, state, zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Co-owner phone: \_\_\_\_\_

check if this is a cell phone

cell  home  work

Cell phone: \_\_\_\_\_ Preferred contact method:  Email  Phone Call  Text

Emergency contact if you cannot be reached (name & number): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
**(initial)** I understand payment is expected at the time services are rendered. I acknowledge I am over 18 years of age. I assume full responsibility for all charges incurred in the care of this animal and I agree to pay charges at the time of release/discharge.

### How Did you Hear About us?

Location/drive-by  Internet/social Media **If recommended, by whom:** \_\_\_\_\_  
 Doctor/hospital  Shelter/rescue Group \_\_\_\_\_

### YOUR BIRD

Bird's name: \_\_\_\_\_ Species: \_\_\_\_\_ Sex: M / F / Unknown

How was the sex identified?  Surgically  DNA (blood test)  Other

Identification (provide number): Tattoo \_\_\_\_\_ Microchip \_\_\_\_\_ Band \_\_\_\_\_

Source:  Store  Private breeder  Other: \_\_\_\_\_

Age: \_\_\_\_\_ Date acquired: \_\_\_\_\_ Wild caught: \_\_\_\_\_ Domestic bred: \_\_\_\_\_

Bird kept:  Cage  Aviary  Free in the house Wings trimmed?  Yes  No

### DIET

Pelleted food (brand): \_\_\_\_\_ Seeds: \_\_\_\_\_

Table foods: \_\_\_\_\_ Amounts of each: \_\_\_\_\_

How is water offered? Cup, bowl, tube?: \_\_\_\_\_

Recent changes in diet?: \_\_\_\_\_

### CAGE SET UP AND ENVIRONMENT

What do you use on the bottom of the cage? \_\_\_\_\_ Can the bird reach it? \_\_\_\_\_

How often does the cage get cleaned? \_\_\_\_\_ Hours of darkness the bird has each day: \_\_\_\_\_

What is used for cleaning food/water receptacles? \_\_\_\_\_ How often? \_\_\_\_\_

List toys available to this bird: \_\_\_\_\_

CONTINUED ON NEXT PAGE...

**OTHER PETS**

Other birds at home:  Yes  No

If yes, where do they reside?: \_\_\_\_\_

List types of other birds on the same premises: \_\_\_\_\_

Are any other birds sick?  Yes  No      Have any died?  Yes  No

If yes, please provide details: \_\_\_\_\_

List other pets on the premises: \_\_\_\_\_

**HEALTH HISTORY**

What signs have you noticed regarding this bird? \_\_\_\_\_

\_\_\_\_\_

What tests have been performed?:  Psittacosis  Psittacine beak  Psittacine feather  
 Polyoma virus  Parasites  Other: \_\_\_\_\_

List vaccines and dates given: \_\_\_\_\_

Has this bird seen another veterinarian? \_\_\_\_\_ When and why? \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (initial) Many drugs that have been approved for use in humans and/or animals have also been proven to be safe and effective in species for which the drugs are not labeled. Our veterinarians, often by necessity, must recommend, administer and prescribe drugs that are considered extra-label. I authorize my pet's veterinarian to use extra-label drugs.

\_\_\_\_\_ (initial) I understand Mariposa Veterinary Wellness Center is not a 24 hour facility, and on occasion there may be pets in the facility in the absence of personnel. The clinic is equipped with smoke detectors and an alarm system capable of dispatching emergency responders immediately. Veterinarians will discuss options for overnight care and monitoring when appropriate.

\_\_\_\_\_ (initial) **PHOTO RELEASE:** I grant to Mariposa Veterinary Wellness Center, its representatives and employees the right to take photographs of me & my property in connection with my visit. I authorize Mariposa Veterinary Wellness Center, its assigns & transferees to copyright, use & publish the same in print and/or electronically. I agree Mariposa Veterinary Wellness Center may use such photographs of me with or without my name & for any lawful purpose, including for example such purposes as publicity, illustration, advertising & web content.

**I have read and understand the above.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Thank you for taking the time to fill out this information.**