



Des Moines Veterinary Hospital
21935 Pacific Highway S.
Des Moines, WA 98198
206-878-4111

New Avian Form

Date: _____

Owners Name: _____

Pets Name: _____ Hatch Date/Age: _____

Male___ Female ___ Unknown___ How was sex determined? _____

Species: _____ Breed: _____ Color: _____

Length of ownership: _____

Cage mates? _____ Total birds in household: _____

Enclosure type: _____

Substrate (*Material at bottom of cage*): _____

Water source: _____ How often changed? _____

Diet:

Please list any supplements or vitamins your pet is currently taking:

Please list any medical conditions or major illnesses your pet has had?

Last culture screen: _____ Results: _____
Last blood test: _____ Results: _____

Has this pet been seen at another veterinary clinic or hospital? If yes, where?
