

# Warranwood Veterinary Centre

*The Best of Care for People and their Pets*

## **HOSPITAL REGISTRATION FORM FOR YOUR BIRD**

To assist us in keeping your bird healthy, please complete this form and, if necessary, use the additional space on the back of the pages. Please answer as many of the questions as possible.

Owner's name Mr / Mrs / Ms / Miss .....

Address .....

..... Post Code .....

E-mail .....

Home Number ..... Mobile Number .....

Name of Bird ..... Species ..... Age .....

Sex M / F Colour .....

Date of Purchase / How long have you had your bird? .....

Source: Pet shop Friend Breeder Other (please specify) .....

How did you hear about us? Friend Other Clinic Internet

Other (please specify) .....

Do you keep other birds?

If so, please give details of their type, sex, date of acquisition and any problems they have had recently.

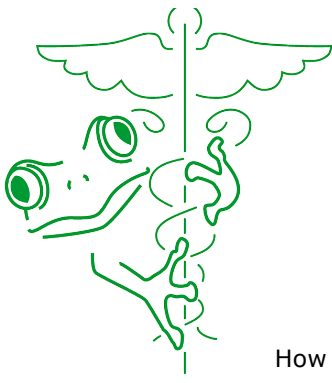
## **YOUR BIRD'S ENVIRONMENT**

Is the bird confined in an aviary or at times allowed to wander in the house? If allowed out, where?

If housed in an enclosure, where is the enclosure? – Draw a plan of the room on the back of this page indicating how close are windows (double-glazed?), doors and sources of heat. Include **sizes** if possible.

How is the room/house heated e.g. centrally by radiators, storage heaters, ducted warm air?

What plants, if any, does your bird have access to?



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Describe any relevant changes in household since you acquired your bird.

How often do you check the enclosure?

How is the enclosure cleaned? How often? *List* products used.

## **Aviary/Enclosure Furniture**

What is the enclosure furniture e.g. hide boxes, branches? Include these in the aviary plan.

What is the substrate (Material on the bottom of cage/enclosure)?

How often are these cleaned and how? (LIST any chemicals used)

## **Heat sources**

Describe the heating, if any, of the enclosure.

## **Lighting**

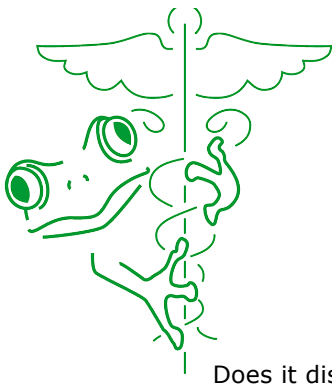
Describe the lighting (including UV and access to natural sunlight - not through glass or perspex).

How long is your pet kept in the light (both natural and artificial)?

## **Your Bird**

How often do you check your bird?

How often is your bird handled?



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## REPRODUCTION

What is your bird's breeding history (if any)?

Does it display sexual activity?

Has your bird reproduced? If so, when and how many young?

## FOOD

What diet do you feed? (Indicate the percentage of the diet that each item occupies & **brand names**)

How often do you feed your bird or is there food available all the time?

List any supplements, vitamins, minerals, tonics, medicines, probiotics etc. Are these given in food or in water? If so, how often?

How long have you fed this diet?

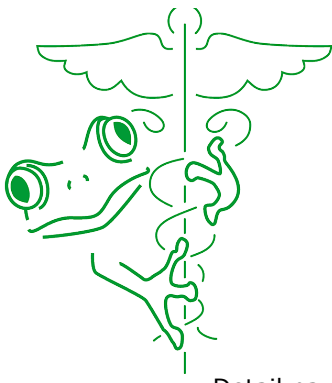
What was the previous diet?

What is your bird's favourite food?

## MEDICAL HISTORY

List any veterinary surgeons that have previously treated your bird?

Briefly list all past medical problems, including dates and medications. (Include referral letter or history from previous vet, if possible)



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When was the last faecal & Blood examination of your bird undertaken?  
*(We recommend twice yearly faecal examinations & blood tests every 1-2 years)*

Detail parasite (worming) treatments given & dates. What brand of wormer did you use?

**Describe in detail the current problem** with your bird (ie why you are here!)

How long has this problem been present & is it getting better or worse?

Is there anything else that you think is important for us to know?

**THANK YOU FOR FILLING OUT THIS DETAILED FORM!**

***Please note that payment is required at time of consultation  
We do not accept cheques***

Payment Method (***Please circle***):

CASH

EFTPOS

CREDIT CARD