



Night Owl Bird Hospital

1956 West Broadway – Vancouver, BC V6J 1Z2

Ph: 604-734-5100 Email: nightowlbirdhospital1@gmail.com

CLIENT TO DR UPDATE

Pet's name: _____ Owner's last name: _____ Date: _____

1. Is your bird eating, drinking and passing droppings as normal?

2. What is your bird currently eating daily? Please circle (Seeds/pellets/fresh food/table food)

Please list treat/special foods that your bird is currently eating:

3. Overall are symptoms worse, better, or the same since your last visit? Any new symptoms?

4. Have you been giving medication or treatment? (if yes please specify)
Any difficulties giving medications?

5. Any specific testing/procedures that you would like done today?

6. Is there anything specific that your bird is afraid of?

7. Are there any foods/medications that your bird has had an adverse reaction to?

Please note any additional comments/concerns you'd like to make the doctor/staff aware of:

Signed: _____ Owner's full name: _____