

NIGHT OWL BIRD HOSPITAL

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HISTORY FORM

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

Please answer the following questions as fully as you can

1. What is the breed & age of your bird?

2. How long have you owned your bird?

3. Have you owned a bird before? Do you have other birds? (please specify breed)

4. When did you last bring a bird into your home?

5. What are the housing arrangements for your bird(s)?

6. What do you feed your bird(s) daily?

7. Is your bird on ANY medication? (Please circle)

YES NO

8. If yes please specify what medication.

9. Do you give your bird vitamins or supplements? (pls specify type & how often.)

10. What symptoms does your bird show?

11. When did the above symptoms begin & can you relate these symptoms to a cause?

12. Have you given your bird any medication or treatments for the above symptoms?

13. Has there been any changes to your bird's environment recently?

14. Been in contact with any other birds than your own? (pls specify type, duration of contact and type of bird.)

15. Has your bird had an illness in the past? (specify what type & any treatments done).

Signed: _____ Owner's full name: _____