

# BIRD & PET CLINIC OF *ROSEVILLE*

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## **New Patient Information**

Name \_\_\_\_\_ Species \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Source/Breeder \_\_\_\_\_ How long have you had the pet \_\_\_\_\_

Current Problem (Describe) \_\_\_\_\_

How long has this been occurring \_\_\_\_\_

Has it gotten better/worse (Describe) \_\_\_\_\_

Is the pet eating (less/more/same) \_\_\_\_\_ Is the pet drinking (less/more/same) \_\_\_\_\_

What is it eating \_\_\_\_\_

What do you gut load insects with (if applicable) \_\_\_\_\_

What vitamin and mineral supplements are given, if any \_\_\_\_\_

How often are they given \_\_\_\_\_

Is the pet urinating (less/more/same) \_\_\_\_\_ defecating (soft/hard/normal) \_\_\_\_\_

Any coughing, sneezing, vomiting, or diarrhea (How much/How often) \_\_\_\_\_

How many other animals do you have / What species \_\_\_\_\_

### Habitat Information

Temperature \_\_\_\_\_ Humidity \_\_\_\_\_ Basking Area? \_\_\_\_\_

Substrate/ Bedding \_\_\_\_\_

Cage Furniture / Toys \_\_\_\_\_

Water source \_\_\_\_\_

How often is the cage cleaned \_\_\_\_\_ with what \_\_\_\_\_

Please continue with additional information on the back if needed, every bit helps. Thank you!