

AVIAN HISTORY & CONSENT FORM

Owner's Name: _____ Pet's Name: _____ Today's Date: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Which phone number should we use to contact you today? Home Cell Work Other: _____

If appropriate, would you prefer us to contact you via text message? Yes [Valid cell number] _____ No

Email Address: _____ [Please inform a receptionist if your mailing address has changed]

Do you have Pet Insurance? Yes No If "Yes": Which provider is your policy with? _____

How long have you owned this bird? _____

From what source did you acquire it? Pet Shop Breeder Other: _____

What do you feed your bird? (Please be specific.) _____

Do you give any supplements? No Yes: If "Yes": Vitamins Minerals

Does your bird appear to have any problems? No Yes

If "Yes": What symptoms have you noticed? _____

When did these symptoms first appear? _____

Has your bird had any previous illnesses? No Yes If "Yes": Please describe: _____

Has your bird received any medication(s) recently? No Yes

If "Yes": Please list them: _____

Have there been any recent changes in the bird's environment? No Yes

Has your bird's appetite changed in any way? No Yes

Has there been any change in the color or consistency of the bird's droppings? No Yes

Have you noticed any signs of respiratory problems? No Yes

Have you noticed any regurgitation? No Yes

Does your bird have any cage mates? No Yes

If "Yes": Are the cage mates showing any signs of illness? No Yes

Have any new birds been added to your aviary or household? No Yes

Has your bird been exposed to any other birds including wild birds? (e.g. boarding, pet shop, etc.) No Yes

Other comments? _____

Diagnosics and Treatment Consent

I hereby authorize Suffield Veterinary Hospital to perform professional services that are, in their opinion, advised for treatment and maintenance of my pet's health and wellbeing. I also authorize the following, if necessary, to be performed:

Blood work _____ (Initial) X-Rays _____ (Initial) Sedation/Anesthesia _____ (Initial) Surgery _____ (Initial)

Website and Social Media Release

I hereby grant Suffield Veterinary Hospital permission to use the likeness of my pets (s), should they so choose, in a photograph, video, or other digital reproduction in all of its publications, including website and social media entries, without payment, compensation, or any other consideration. I understand and agree that these materials will become the sole property of Suffield Veterinary Hospital. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my pet's likeness appears. Yes No _____ (Please initial)

Payment for Products, Medications and Services Rendered

I understand that the invoice resulting from my pet's admission to Suffield Veterinary Hospital is to be paid in full at the time my pet is discharged from Suffield Veterinary Hospital. I will satisfy payment via the following method:

Cash Check Visa/MasterCard//Discover/American Express CareCredit _____ (Please initial)

I am the owner or agent of the aforementioned pet, am at least 18 years of age, and am competent to contract in my own name. I have read this document in its entirety before signing below and I fully understand all the content in this document and its meaning. I fully understand the impact of signing this release.

SIGNATURE: _____

PRINTED NAME: _____ DATE: ____/____/____

[STAFF-Reception: Account Number: _____ Receptionist Initials: _____] [STAFF-Tech: Admitting Technician Initials: _____]