



AVIAN TREATMENT

Owner's Name _____ Pet Type _____
 Address _____ Sex: M F Breed _____
 City _____ State _____ Zip _____ Color _____ Age _____
 Phone _____ Email _____ Date _____

Pet Health Insurance Carrier _____
 Phone number where you can be reached today:
 Work _____ Cell _____ Other _____

To Better Assist Us In Treating Your Pet, Please Answer The Following Questions. Thank You!

Reason for visit: Routine Yearly Exam & Fecals Medical Problem

If routine yearly, please list any health problems you wish addressed or any additional treatments requested:

 If medical problem, please list symptoms _____

When did problem start? _____ Last meal? _____
 What is your bird's diet? _____

Note: Birds are very adept at masking signs of illness, and many problems simply cannot be detected or diagnosed with just a physical exam and fecal studies. A more complete medical picture can be provided with the following diagnostic procedures. Please review the following list and check which tests we may perform:

- Chlamydia (Psittacosis) ELISA
- Bacterial culture and sensitivity
- Avian Blood Profile
- X-ray, Chest and Abdomen

The receptionist or technician will gladly prepare a written estimate at your request.

I, the undersigned, certify that I am the owner or duly authorized agent for the owner of the pet described above and accept full financial responsibility. *Professional fees are due at the time of patient release.*

I authorize Animal Avian Hospital of the Village (AAHV), it's agents and representatives to perform diagnostics indicated above, medical treatments, or any other procedures that, at the Dr.'s discretion, may be useful to promote the health of my pet. I authorize the use of anesthetics as needed. I have been advised as to the nature of the diagnostics, treatments and risks involved. I acknowledge that results cannot be guaranteed.

I am aware all reasonable care will be taken by AAHV for the safe treatment and return of my pet. I release Animal Avian Hospital of the Village, Dan Jordan DVM, AAHV agents and representatives from any and all liability.

We encourage that all hospitalized birds have their wings trimmed to avoid flight related injury or death.

- Yes**, I authorize my bird's wings to be trimmed.
- No**, I do not authorize my bird's wings to be trimmed. I release AAHV, Dan Jordan DVM, from any liability for loss due to flight-related escape, injury, illness, or death of my bird.

I have read and understand this authorization and consent.

Signature of Owner or Agent _____ **Date** _____
 Print Name _____
Witness to above Signature _____ **Date** _____