

Kings Row Pet Hospital
3653 Kings Row
Reno, NV 89503
(775) 747-1211

AVIAN DROP OFF INFORMATION SHEET

Scheduled appointments and surgery have priority over drop offs unless it is an emergency. I understand that my pet will be examined and treated when a doctor becomes available.

Thank you for dropping off your pet with us today. Please help us provide the best care possible for your pet, by completing the following information:

Mrs. { } Mr. { } Dr. { } Ms. { }

Last name, First name _____ MI _____

Spouse/ Partner: _____

Address: _____
Street City State Zip code

Home Phone: _____ Daytime Phone: _____

Spouse/Partner Phone: _____ Cell Phone: _____

Please circle phone number that you can be reached at today

Pet's Name: _____

Basic Avian Exam: \$74.12

{ } Only examine animal. **Call before** doing any treatment. *(If marked please do not mark any other boxes)*

PLEASE MARK APPROPRIATE BOXES:

{ } I give permission for sedation or anesthesia, if needed, at an additional fee. (I understand there are always potential risks involved when using sedatives and/ or anesthesia or performing surgery on an animal).

{ } I give permission to take x-rays, if needed, at an additional fee. **Starting** at \$244.12

{ } Please call me before treating if my cost will be over \$ _____ If left blank, we will call if over \$100.00 ***NOT INCLUDING EXAM FEE.***

{ } Other _____

Kings Row Pet Hospital is NOT a 24 hour facility. In the event that your pet may require 24 hour care we may recommend that you transfer your pet to the Animal Emergency Center. Pets may be kept in our hospital overnight to provide a comfortable and quiet recovery, but we do not have personnel present in our facility overnight to observe or treat your pet. **Please note: Pick up time is prior to 6:00 p.m. Monday – Friday**

Initial _____

I agree to pay in full, for services performed. The fees are due and payable at the time of discharge unless prior arrangements are made with the doctor or office manager. Failure to pay for and claim your pet at time of discharge may constitute abandonment (NAC 638.052 and NAC 638.051) at which time the pet becomes property of Kings Row Pet Hospital. You will still be legally responsible for costs incurred, including boarding fees.

Client Signature: _____ Date: _____

24. Diet: Pelleted food alone (brand) _____; seeds _____; Table foods _____;
Combination _____.

25. Describe diet or eating habits: _____

26. Amount offered to the bird each day: _____ Amount the bird eats each day: _____

27. How is water offered (cup, tube)? _____

28. Recently added food or dietary changes: _____

29. What signs have you noticed regarding this bird, this incident? (Circle all that apply): diarrhea;
blindness; vomiting; constipation; tail-bobbing; breathing difficulty; perching difficulty; fainting; fluffed
feathers; drooping or injured wings or legs; eye/nostril/ear bleeding or injury; bitten by other bird or
pet; feather picking or feather loss; skin bleeding; lameness; change in personality; change in vocalizations;
change in stool consistency; change in appetite; excessive water consumption; coughing or hoarseness;
Describe any other: _____

30. What tests has the bird been given? (Circle all that apply): Psittacosis; psittacine beak and feather
disease; polyomavirus; parasites; other _____

31. List vaccines the bird has been given and date given? _____

32. Has the bird been seen by any other veterinarian? _____ When/ Why? _____

33. Has the bird been dewormed? _____

34. What treatment was used for deworming? _____

35. Additional Comments: (Your opinion regarding this illness/accident).

~~I have received and read the brochure on chlamydiosis. _____ (Please initial)~~

Signature: _____ Date: _____

I was referred to your clinic by: _____

AVIAN HISTORY FORM — Date: _____; Dr: _____ Ref: _____

1. Owners Name: _____ Phone (____) _____

2. Address: _____

3. City/State/Zip: _____

4. Bird's Name: _____ Species: _____ Sex: M ____ F ____ Unknown _____

5. How was the sex identified? Surgically ____; DNA (feather test) ____; other (describe) _____

6. Identification (show number): Tattoo _____; Microchip _____; Band _____

7. Bird is a pet: ____; Breeder: ____ (has produced young or eggs) describe: _____

8. Source of bird: Store ____; Private party ____; Breeder ____; Other (describe) _____

9. Date acquired: ____ Wild-caught ____; Domestic bred ____

10. Has the bird been quarantined? Commercial: ____ Private: ____ Length of quarantine: ____

11. Other birds kept in the same quarantine: _____

12. Did any of those birds die or become ill during that quarantine period? ____ Give details: _____

Present environment:

13. Bird is kept in a cage ____; aviary ____; free in the house ____; wings trimmed _____

14. Other birds in the same cage or aviary: _____

15. List other birds on the premises, indoors or outdoors: _____

16. Are any of those birds sick? ____ Have any died? ____ If yes, give details: _____

17. List other pets in the home or yard: _____

18. List toys available to the bird: _____

19. What do you use on the bottom of the cage? _____ Can the bird reach it? _____

20. Bird is kept: indoors ____; outdoors ____; in a separate room ____; with the family _____

21. Frequency of cage cleaning: _____

22. Method/frequency of cleaning of food/water receptacles _____

23. How many hours of darkness does the bird have each day? _____