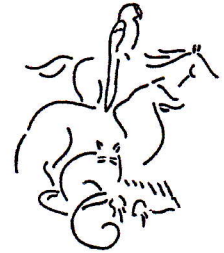




We Welcome you to
LaPorte Animal Clinic
Dr. Andrew Dean & Dr. Marta Dean



BIRD INFORMATION

Name _____ Breed (species) of Bird _____

Sex (if known) _____ Age _____

Any eggs laid previously? If so how many and when? _____

Band or microchip? Number if known _____

Type of Diet:

- Seeds (Type, brand) _____
- Vegetables (Types & Amount) _____
- Fruit (Types & Amount) _____
- Supplements or Vitamins (Type) _____
- Pellets (Brand) _____

What type of housing does your bird live in? _____

Does he/she roam free in the house? _____

Pertinent Medical History (any past veterinary visits, health concerns): _____

Do you own any other birds? If so, type and age? _____

Have you recently purchased new birds? If so, when, what type of bird and where did they come from?

Purpose of Today's Visit _____
