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Avian Intake Sheet

Owner Info:

Owner name: _____
Address: _____
Email: _____

Phone number: _____
Best method of contact: _____

Pet Info

Pet Name: _____
Type of bird: _____
Age: _____
Sex (if known): _____
Birthday (if known): _____

Flighted or non-flighted: _____
Any other birds in the house: _____
Any other animals in the house: _____
When did you acquire your bird? _____

Cage

Dimensions: _____
Bar spacing: _____
House temperature: _____
Cleaning schedule/products: _____
Types of perches (diameter/material): _____
Types of toys/decor: _____

Bulb type in room: _____
Hours of light: _____
Cage lining: _____

Diet (%)

Primary diet: _____
Pellets: _____
Seed: _____
Vegetables: _____
Fruit: _____
Other: _____
Supplements/ how often: _____

History

Previous vet: _____
Medical conditions: _____
Previous bloodwork: _____
Has your bird been tested for Chlamydia? _____

Presenting complaint

What is going on? _____
When did it start? _____
Any behavioural issues: _____
Any other concerns: _____