History Form – Avian & All Exotics – *Initial or Annual Exam* North Central Animal Hospital

Date	C1 .						
	Client	name		Pet Na	ame	Species	Acct. #
Initial Exam: Se	itial Exam: Source: Pet store, Breeder, Show, She Wild caught / Captive bred / Domestic parer		ter, Stray, Other		& date		
Wild ca	ught / Captive br	red / Doi	mestic parent	raised / hand r	aised / other:		
Appro	ximate age when	obtaine	ed:	Number	of previous	owners:	
Any prior veteri	nary exam, or sir	ice last	visit here?	No Yes, Da	ite:, H	ospital Name:	
Reason for th	nat visit:					Previous v	accines?
	beak trimmed:			:		How often:	
Boarding: No	Yes Where:_			How long:		How often:	
Main Reason	for Visit:						
	ng have any prob No Yes						
	eral supplement						
	no change						
Activity:	normal inc						
Appetite:	normal inc			d	My pet last	ate:	(am / pm)
Drinking:	normal inc				• •		` _ ` _ `
Droppings (uri	ne, stool, & ura	tes):	normal	abnormal,			
Vomiting/Regul	rgitation:	No	Yes				
Sneezes/ Nasal	discharge/Cougł	ns: No	o Yes				
Breathing heav	y/ Voice Chang	e: N	No Yes, _				
Skin changes:	No Yes						
	story: Date:						
r problems:	No Yes,				Lost molt		
Pain/Lameness:	No Yes,						
	No Ves	mmu	moderate	severe)	Location.	· · · · · · · · · · · · · · · · · · ·	
Rehavioral conc	No Yes cerns: No Y						
Eggs laid:	No Yes, (Dat	tes. #. ar	nd frequency)			
		,.,					
Microchip:	No Yes						
Microchip: Diet: (list brand	name or type, an	nount fee	d, and amour	t pet eats)			
Diet: (list brand Formulated P	name or type, am ellet: No Y	nount feo es, Bran	d, and amour nd:	t pet eats)		,	% of diet
Diet: (list brand Formulated P eds/Nuts: No	name or type, am ellet: No Y Yes	nount feo es, Bran	d, and amour	nt pet eats)			
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