



Date: ____/____/____

YOUR DETAILS

Title: _____ Surname: _____ First Name: _____

Personal Pronouns (optional) _____

Address: _____

Suburb: _____ Post Code: _____

Phone: (M) _____ Phone (other): _____

Email: _____

YOUR BIRD'S DETAILS

Name: _____

Age: _____ Years or Months (circle) Sex : Male or Female (circle)

Breed: _____

Colour: _____

Is your bird microchipped? YES or NO (circle) MC number: _____

Has your bird been DNA sexed via blood test? YES or NO (circle)

GENERAL QUESTIONS

Has your bird been on medications over the last 6 weeks? If so, provide details:

Have you had any previous health checks on your bird? YES or NO (circle) When: _____

Previous Chlamydia test/treatment? YES or NO (circle) When: _____

To enable us to contact your previous vet for your bird's history, please provide practice's name:

How did you hear about us (tick):

- Vet (which one) _____ Internet _____
 Pet Shop (which one) _____ Other (e.g. friend) _____
 Passing By

I give permission for a case history to be sent my referring vet? Yes No

I give permission for my animal's photo to be used on Social Media? Yes No