

Dr Alex Rosenwax BVSc MAVSc (Avian Health) **Bird Consultant** ww.birdexoticsvet.com.au

Date:/	
YOUR DETAILS	
Title: Surname:	First Name:
Personal Pronouns (optional)	
Address:	
Suburb:	Post Code:
Phone: (M)	Phone (other):
Email:	
YOUR EXOTIC'S DETAILS	
Name:	
Age:Years or Months (circle)	
Breed:	
Colour:	
Microchipped? YES or NO (circle) Microchip No	
Have they been on any medication over the last 6 weeks? If so, provide details:	
Desexed? YES or No.	O (circle)
Vaccinated? (Rabbits & Ferrets only) YES or NO (circle) Last date of vaccination:	
Previous/ongoing health concerns:	
Other animals at home:	
GENERAL QUESTIONS	
Please provide the name of your previous vet for us to obtain your pet's history:	
<u> </u>	
How did you hear about us:	
Vet (which one)	
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(s) to be used on Social Media? Yes No	