



Avian & Exotic Pets: Authorization for Professional Services

Pet's Name _____ Date _____

Your Name (Please Print) _____

ALL phone numbers where you can be reached today: () _____

Email _____ () _____

What species is your pet? _____

What is your pet here for today?

What is your pet's normal diet, including treats? _____

How often is your pet fed? _____

What kind of housing does your pet live in?
 cage terrarium aviary free in the house other: _____

Has your pet been to a veterinarian before? YES NO

Have any lab work or x-rays been done in the past? YES NO

How long have you noticed your pet has been ill? _____

Check all symptoms your pet has been showing:
 not eating vomiting diarrhea sneezing coughing weight loss
 weakness lethargy skin / feather problems lumps / bumps / swelling

Please write down any additional details or observations you want us to know:

We will examine your pet as soon as possible. Often exotic pets are sicker than they appear. It is very important that we be able to contact you quickly with our findings and a diagnostic/treatment plan. If we can not contact you it could delay our performing important, even life saving treatments.

Please check one of the following:
 I DO NOT want an estimate before treatment
 I DO want an estimate before treatment

I AGREE TO PAY IN FULL FOR SERVICES PERFORMED INCLUDING THOSE DEEMED NECESSARY FOR MEDICAL OR SURGICAL COMPLICATIONS OR UNFORESEEN CIRCUMSTANCES.

Signature: _____ Date: _____