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Bird History Form

Client Information

Name: _____

Address: _____

Cell Phone: _____ Other Phone: _____

Email Address: _____

Employer: _____ Driver's License #: _____

Alternate Contact: _____ Alternate Contact Phone: _____

Pet Information:

Name: _____ Age: _____ Sex (if known): Female _____ Male _____

Breed: _____ Color: _____

How long have you owned this bird? _____

Where did you get this bird? _____

What other pets do you own? _____

Are your other pets in contact with this bird? _____

If this bird is female, has she produced eggs in the past? If yes, please describe. _____

Has this pet had any previous health concerns? If yes, what and when? _____

Housing

Please describe this bird's enclosure: _____

How often is the enclosure cleaned and what cleaning products are used? _____

Have there been any recent changes to your bird's environment? If yes, please describe. _____

Diet

What foods do you feed your bird (type of food, quantity and frequency)? _____

What treats do you give and how often? _____

How is water provided? _____

Have there been any recent changes in your bird's diet? If yes, please describe. _____

What is the reason for your visit today?

How long have you noticed the problem: _____