

BIRD & EXOTICS VETERINARIAN

Dr Alex Rosenwax & Associates
Phone 9319 6111
www.birdvet.com.au

Date ___/___/___

YOUR DETAILS

Mr/Mrs/Ms/Dr	Surname _____	First name _____
Address	_____	
Suburb	_____	Postcode _____
Phone H	_____	
W	_____	
M	_____	
Email	_____	

YOUR BIRD'S DETAILS

Name	_____	
Age	_____	Sex M / F
Breed	_____	
Colour	_____	
Microchip	Y	N
Blood (DNA) sexed	Y	N

Have any drugs been used in the past six weeks? If Yes, please give details.

Previous well bird checks performed?

Yearly health check & chlamydia test/treatment Y N

To enable us to contact your previous veterinarian please provide the practice's name:

Do you have any other birds, reptiles and/or other pets at home? Y N

If yes, please give details.

How did you find out about us?

Please tick one or more boxes and give details.

- | | | |
|-----------------|--------------------------|-------|
| Veterinarian | <input type="checkbox"/> | _____ |
| Pet shop | <input type="checkbox"/> | _____ |
| Yellow Pages | <input type="checkbox"/> | _____ |
| Internet | <input type="checkbox"/> | _____ |
| Passing by | <input type="checkbox"/> | _____ |
| Magazine | <input type="checkbox"/> | _____ |
| Other eg friend | <input type="checkbox"/> | _____ |