

**Exotic Bird Hospital, Inc.**  
**NEW CLIENT INFORMATION**

Please Print

Please fill out completely. It may be necessary at some time to contact you concerning needed treatment or the progress of your pet, and this information can save us valuable time. Some of the information is also necessary in order for us to accept checks for payment. Thank you.

Date: \_\_\_\_\_ Client ID: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Are you employed? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, where: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ How long? \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is your spouse employed? Yes  No

If Yes, where: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ How long? \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How did you find out about the Exotic Bird Hospital?

Google

Facebook

Youtube

Other (list below)

**PAYMENT FOR SERVICES DUE WHEN RENDERED**

Method of payment: Check \_\_\_\_\_ Cash \_\_\_\_\_ MC \_\_\_\_\_ VISA \_\_\_\_\_ Discover \_\_\_\_\_

Identification necessary in order to accept checks and credit cards:

Driver's license # \_\_\_\_\_ State: \_\_\_\_\_

Nearest relative not living with you:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_

**PLEASE COMPLETE REVERSE SIDE – PATIENT INFORMATION**

**Exotic Bird Hospital, Inc.**  
**PATIENT INFORMATION**

Please fill out a separate form for each patient

Date: \_\_\_\_\_

Owner: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Species: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female  Unknown

Origin:  Captive Bred  Hand fed  Wild Caught  Unknown  
 Companion  Breeder

Acquired from: \_\_\_\_\_

Handfeeding formula raised on: \_\_\_\_\_

Diet (indicate percentage): Pellets \_\_\_\_\_ Seed \_\_\_\_\_ Fruits & Veggies \_\_\_\_\_ Table Food \_\_\_\_\_  
Handfeeding \_\_\_\_\_ Other (please specify) \_\_\_\_\_

**Location in the house or aviary:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Animals in household** (list species, names, ages): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Recent Changes in:	Yes	No	Details
Diet	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food	<input type="checkbox"/>	<input type="checkbox"/>	_____
Circumstances	<input type="checkbox"/>	<input type="checkbox"/>	_____

Does anyone smoke in the house?:  Yes  No

**Presenting Complaint:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Pre-existing Problems:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I grant Exotic Bird Hospital and any and all its subsidiaries full permission to use any and all images taken of me or of my pets for the sole use of education, advertising and promotion. This includes but is not limited to Facebook, twitter, Youtube videos and other social media sites, websites blogs and website display. I certify that I am 18 years of age or older. \_\_\_\_\_