

Avian / Small Mammal Information

Indian Creek Veterinary Hospital
295 Lancaster Ave. Reynoldsburg, OH 43068



614-861-1700



Fax: 614-861-7460



icvhmain@sbcglobal.net

Full Name: _____

For Reception Use:

Preferred Contact Number: _____

Account Number: _____

PLEASE GIVE ALL PAST MEDICAL RECORDS TO RECEPTIONIST BEFORE FILLING OUT THIS FORM

Name: _____ Birthday or Approximate Age: _____

Species/Breed: _____ Color/Markings/Morphology: _____

Circle ONE **Male** / **Female** / **Unknown** Circle ONE **Spayed** / **Neutered** / **Unaltered**

How was your pet's sex determined? Circle ONE **DNA** / **Visually** / **Other**: _____

How familiar are you with your pet's species and care needs? **Unfamiliar** / **Somewhat familiar** / **Very Familiar**

Where did you get your pet? _____ How long have you owned your pet? _____

What foods are offered? How often? (Please list ALL) _____

How is water provided? **Dish** / **Water Bottle** How often is water changed? _____

Do you offer any supplements or minerals? _____

What are your cage dimensions? _____ What is the bar spacing? _____

What substrate is used in your cage? (Carefresh, Newspaper, Fleece, Wood Chips) _____

What furnishings are in the cage? (Hammocks, shelves, perches, swings) _____

Where is your cage located in the house? _____ Does your pet get a 12 hour light cycle? **Y** / **N**

Do you provide any temperature regulation or UVB lighting for your pet? _____

How often/how long is your pet supervised outside of the cage? _____

Is your pet housed with or interacting with any other pets? _____

What grooming opportunities do you provide for your pet? _____

Do you have any medical concerns about your pet? _____

Do you have any behavioral concerns about your pet? _____

_____ Please initial to give the authorization to release medical records to other veterinary clinics.