

Bird Doctor Housecalls

www.birddoctorhousecalls.com

Veterinary Practice Limited to Birds, Reptiles, Exotics, and Fish

PO Box 5647 El Dorado Hills CA 95762 (916) 933-BIRD (2473)

Alan M. Fudge, DVM, Dip. ABVP, Certified in Avian Practice

Thank you for giving Bird Doctor the opportunity to care for your pet. So that we may become better acquainted, please complete the following:

Mr./Mrs. Owner _____				Mr./Mrs. Spouse _____			
Dr./Ms.	Last	First	Initial	Dr./Ms.	Last	First	Initial
Address _____							
Street		Apt#		City		State	
Zip							
Residence Phone () _____ - _____				Cellphone _____ Cellphone-spouse _____			
Work Phone _____		Spouse's Work Phone _____		FAX (home/work) _____			
Email address _____ (for patient communication only)							
Place of employment _____				Place of employment(spouse) _____			

How did you become aware of our hospital? **Yellow Pages** (Vets, Vet Hosp) **Vehicle Sign** **Personal Recommendation**
 Who may we thank? (Name) _____

So that we are able to suit your individual needs, which do you feel applies to you? (Check one in each group)

- | | |
|---|--|
| <p>1. A. <input type="checkbox"/> I feel that my pet is another member of our family.
 B. <input type="checkbox"/> I feel that my pet is just a pet.</p> <p>2. A. <input type="checkbox"/> I want the best medical care available for my pet; please recommend anything that you feel is necessary for good health.
 B. <input type="checkbox"/> I want good medical care for my pet, but there is a limit to what I am able to have done.
 C. <input type="checkbox"/> I want you to perform only the services that I request.</p> | <p>3. A. <input type="checkbox"/> I want to learn as much as I can about pet health care. Please explain in detail what has been done for my pet or what is needed.
 B. <input type="checkbox"/> I would prefer you just summarize what has been done for my pet or what is needed.
 C. <input type="checkbox"/> I want my pet healthy, but don't need to know what has been done.</p> <p>4. A. <input type="checkbox"/> I prefer to be present when my pet is examined and treated.
 B. <input type="checkbox"/> I would rather not see my pet examined and treated</p> |
|---|--|

Would you like us to keep you informed about procedures to lengthen your pet's life? **Yes** **No**

All fees are due upon release of patient. Please indicate(circle) your choice of payment:

Cash Check ATM/Debit MC/VISA AMEX Discover

Driver license and date of birth required for checks: DL# _____ **Date of Birth** _____

PET INFORMATION (Please fill in the following for each bird or exotic animal presented for treatment)

	PET 1	PET 2	PET 3	PET 4
Name/Microchip#				
Species				
Color				
Date of Birth				
Sex (DNAconfirmed?)				
Diet (foods fed)				
Cage Type				

I, the undersigned owner or authorized agent of the pet identified herein, hereby consent to the examination of my pet by staff veterinarians at Bird Doctor and after consultation with me to prescribe for, treat, hospitalize, anesthetize or perform surgery on my animal. I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with my attending veterinarian before the procedure is initiated. Should some unexpected life-saving emergency care be required, Bird Doctor staff has my permission to provide such treatment and I agree to pay for such care.

I understand that an estimate of the costs for veterinary services will be provided to me and that I am encouraged to discuss all fees attendant to such care before services are rendered and during my pet's admission. I agree to assume financial responsibility for the balance of ALL services rendered on a cash, credit card, or check basis at the time my pet is discharged from the hospital. In the event my pet is hospitalized for more than 48 hours and my attending doctor does not contact me, I understand that it is my responsibility to call the attending doctors at least every 48 hours to inquire about the medical status of my pet and fees incurred for medical services up to that day. In the event of an open balance, I agree to pay a monthly billing and financing fee equal to 1.5% of the unpaid balance.

Signature of owner or agent _____ Date _____