

Kings Row Pet Hospital
3653 Kings Row
Reno, NV 89503
(775) 747-1211

AVIAN DROP OFF INFORMATION SHEET

Scheduled appointments and surgery have priority over drop offs unless it is an emergency. I understand that my pet will be examined and treated when a doctor becomes available.

Thank you for dropping off your pet with us today. Please help us provide the best care possible for your pet, by completing the following information:

Mrs. { } Mr. { } Dr. { } Ms. { }

Last name, First name MI

Spouse/ Partner: _____

Address: _____
Street City State Zip code

Home Phone: _____ Daytime Phone: _____

Spouse/Partner Phone: _____ Cell Phone: _____

(Please circle phone number that you can be reached at today)

Pet's Name: _____

Basic Avian Exam: \$57.20

{ } Only examine animal. Call before doing any treatment. **(If marked please do not mark any other boxes)**

PLEASE MARK APPROPRIATE BOXES:

{ } I give permission for sedation or anesthesia, if needed, at an additional fee. (I understand there are always potential risks involved when using sedatives and/ or anesthesia or performing surgery on an animal).

{ } I give permission to take x-rays, if needed, at an additional fee. *Starting* at \$170.25

{ } Please call me before treating if my cost will be over \$_____ If left blank, we will call if over \$100.00 **NOT INCLUDING EXAM FEE.**

{ } Other _____

Kings Row Pet Hospital is NOT a 24 hour facility. In the event that your pet may require 24 hour care we may recommend that you transfer your pet to the Animal Emergency Center. Pets may be kept in our hospital overnight to provide a comfortable and quiet recovery, but we do not have personnel present in our facility overnight to observe or treat your pet.

Initial _____

I agree to pay in full, for services performed. The fees are due and payable at the time of discharge unless prior arrangements are made with the doctor or office manager. Failure to pay for and claim your pet at time of discharge may constitute abandonment (NAC 638.052 and NAC 638.051) at which time the pet becomes property of Kings Row Pet Hospital. You will still be legally responsible for costs incurred, including boarding fees.

Client Signature: _____ Date: _____

AVIAN HISTORY FORM — Date: _____; Dr: _____ Ref: _____

1. Owners Name: _____ Phone (____) _____
2. Address: _____
3. City/State/Zip: _____
4. Bird's Name: _____ Species: _____ Sex: M ___ F ___ Unknown _____
5. How was the sex identified? Surgically ___; DNA (feather test) ___; other (describe) _____.
6. Identification (show number): Tattoo _____; Microchip _____; Band _____.
7. Bird is a pet: ___; Breeder: ___ (has produced young or eggs) describe: _____
8. Source of bird: Store ___; Private party ___; Breeder ___; Other (describe) _____.
9. Date acquired: _____. Wild-caught ___; Domestic bred _____.
10. Has the bird been quarantined? Commercial: _____ Private: _____ Length of quarantine: _____
11. Other birds kept in the same quarantine: _____
12. Did any of those birds die or become ill during that quarantine period? _____. Give details: _____

Present environment:

13. Bird is kept in a cage ___; aviary ___; free in the house ___; wings trimmed _____.
14. Other birds in the same cage or aviary: _____
15. List other birds on the premises, indoors or outdoors: _____
16. Are any of those birds sick? _____ Have any died? _____ If yes, give details: _____
17. List other pets in the home or yard: _____
18. List toys available to the bird: _____
19. What do you use on the bottom of the cage? _____ Can the bird reach it? _____
20. Bird is kept: indoors ___; outdoors ___; in a separate room ___; with the family _____.
21. Frequency of cage cleaning: _____
22. Method/frequency of cleaning of food/water receptacles _____
23. How many hours of darkness does the bird have each day? _____