Village Veterinary Hospital  
236 36th Street  
Bellingham, WA 98225  
Phone: (360) 647-1980, Fax: (360) 647-1869

Rachel Bangert D.V.M. Cindy Lucas D.V.M. Carrie Trimble D.V.M.

Avian Drop Off Treatment Request: Your bird will be seen by Dr. Bangert as soon as possible for their current condition.

Date: __________ Name: _____________________ Pet’s Name: ______________

Since you will not be present during the exam, please provide Dr. Bangert with a specific explanation of their current condition. The more information available to Dr. Bangert, the better she will be able to diagnose and treat the problem. Use the back of this paper if needed.

How long has this problem been occurring?

When was the last time your bird ate? What did it eat? What does its normal diet consist of?

Is your bird caged or does it have free movement around your home? Housed separately or with other birds? Are any of your other birds sick?

Is your bird currently on any medication or receiving treatment of any kind?

Is this a reoccurring problem? If yes, how frequent, and has your bird been treated for this problem by another veterinarian?

If the doctor were unable to reach you today, what further treatment, if any, would you authorize?

Exam ______ Blood Analysis ______
Sedation/Anesthesia ______ Whatever Necessary ______
X-rays ______ Other ________________________

Call me if my total will be over: (circle one) $100  $150  $200  Other $____

Payment is required at time of service, please circle your preferred payment method: CASH  CHECK  CREDIT CARD  CARE CREDIT

Please leave all phone numbers where the doctor may reach you today, after examination is completed____________________________________________

Signature________________________________________________________

If my pet needs to stay the night, I understand that my pet will be left unattended as no staff members are present overnight. If my pet is in need of intensive care, I understand that the doctor will refer me to a 24-hour clinic at my expense.