

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.