

THE CENTER FOR

BIRD & EXOTIC ANIMAL MEDICINE

OWNER REGISTRATION FORM

Today's date:

OWNER INFORMATION

Owner's last name:

First Name:

Spouse's Name:

Does your pet have health insurance? Yes No

Home address
(no PO boxes please)

Mailing address
(if different from home address)

Street:

Street:

Home #: ()

City:
State:
Zip:

City:
State:
Zip:

Cell #: ()

Work #: ()

Social Security # : _____

Or

Driver's License # : _____ State _____

(necessary in order to dispense medications)

Employer:

Email address:

How did you hear about us? (please check one box):

Dr./referral

Friend

Family

Close to home/work

Yellow Pages

Other (please write in)

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):

Relationship:

Home phone no.:

Work phone no.:

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The above information is true to the best of my knowledge. Authorization for medical and/or surgical treatment:

I certify that I am the legal owner or duly authorized agent for the owner of the animal(s) presented. I hereby authorize the Doctor on duty to perform a physical examination and agree to pay applicable fees for all animals I present to Avian and Exotic Animal Hospital, PLLC. Although all precautions will be made to prevent complications or injury, I understand that exotic animals may have subclinical (hidden) diseases or be in an unstable condition and show no or minimal symptoms and the stress of transport, foreign surroundings or even the handling during a physical exam can induce the onset of complications, symptoms or even death. Further diagnostics and treatment will be offered as indicated and if accepted, I authorize the Doctor (and Assistants the Doctor may designate) to administer treatment as is considered therapeutically and/or diagnostically necessary on the basis of findings during the course of said evaluation. I also consent to the administration of anesthetics and surgical procedures of an emergency nature.

All fees are due at time of discharge. If collection enforcement proceedings are necessary, client shall pay all costs, including but not limited to court costs, agency fees, and reasonable attorney's fees incurred by the doctor. Dishonored checks will be converted to an electronic check and dealt with by FedPay, USA. Fees will be incurred to the fullest extent of the law.

Client/Owner's signature:
(age 18 or older)

Date:



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PET REGISTRATION FORM

Date:

Owner's last name:

First name:

PET INFORMATION

Please fill out a separate sheet for each pet.

Name of Pet:

Age:

Birthdate:

Sex: Male, Female,
 Neuter, Spay

Breed:

Species:

Color/Markings:

Describe Enclosure/Housing:

Diet:

Brief Health History:

Specific Concerns:



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EXOTIC ANIMAL PHARMACEUTICAL USE

All prescription drugs (pharmaceuticals) are regulated by the FDA, and to be released for sale and use, must be approved for specific use in humans and/or specific animals at specific doses. To be approved, each drug must go through a series of testing and analysis to understand not only the benefits and effects, but also the side-effects and risks of its use. This must be repeated extensively in each species for which the medication's use is to be approved in.

This process for FDA approval is very expensive and the manufacturers traditionally pursue approval for species in which they expect to have sufficient sales to be able to recoup their expenses. These typically include dogs and cats and, in some medications, horses, cows, pigs and occasionally chickens, rats and rabbits. At this time, no drug or pharmaceutical is approved by the FDA for use in any pet bird, reptile or most small exotic mammals, and very few are approved in rats and rabbits.

Use of pharmaceuticals in species for which they are not approved is allowed, however, and is termed "Extra-Label Use." This does not mean that the use is experimental, and in many cases years of clinical use and research has found a well-documented, reasonably safe protocol for the use of these medications in species for which no other medical option is available. However, "Extra-Label Use" does mean that the full effect and side effects of the drug have not been documented and there may be unknown risks involved with the use of the medication.

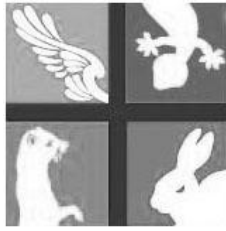
Here at Avian and Exotic Animal Hospital, we pride ourselves in striving to provide the highest level of medicine available to your bird, reptile, small mammal or other exotic pet. Virtually all of the medications administered here fall under the "extra-label use" category and the protocols prescribed have basis in either clinical experience or published reports. If you have any questions regarding any medication or therapy recommended by the doctor, please feel comfortable to discuss these at any time.

The undersigned acknowledges that Extra-Label Use of pharmaceuticals is acceptable therapy to be used in their pet or animal, as deemed necessary by the attending veterinarian. The owner understands that although all reasonable precautions will be taken to minimize or mitigate adverse effects, there are risks inherent to any pharmaceutical use in exotic and non-traditional medicine.

Owner's Signature

Date

Printed Name



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PAYMENT POLICY

Payment is due at the time of treatment. We accept cash, debit cards and Visa/Mastercard. We also offer a third-party payment plan called CareCredit, which allows you to start treatment today and spread payments over time.

We are no longer able to accept checks.

PAYMENT OPTIONS

- Cash
- Debit Cards
- Visa/Mastercard/Discover
- CareCredit (Subject to credit approval.) If credit application is denied, another form of payment listed above is required.

Applying for CareCredit only takes a few minutes; there is no fee to apply.

If funds are a concern, please do not hesitate to speak with us BEFORE problems occur. We will do our best to provide you with treatment options that will work within your budget.

All payments are due in full at the time your animal is released from the hospital.

Owner's Signature

Date

Printed Name



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Communication Questionnaire

We are strong advocates of preventative medicine! Ideally we would like to keep your pet healthy by seeing them at least once a year for a general check up. We often call clients whom we haven't seen in awhile to address any problems you may be having or to remind you that it is time for a yearly examination.

We understand that your time is valuable and we do not ever want to present an annoyance or disruption.

How do you prefer to be contacted for yearly examination reminders?

_____ Phone Call

_____ Regular Mail

_____ Email _____

_____ Text, my cell phone # is _____

_____ Please do not contact me regarding yearly examination reminders

We will never share your email address or phone numbers with any 3rd party. In the case of urgent messages we will always try you on your phone numbers first.