

Important Background Information

Please read so you are familiar with our policies

Welcome to Natural Pet Animal Hospital. We are a unique hospital offering integrative medical and surgical care to dogs, cats and exotic animals. Because of the specialized services we offer to our clients we are very busy. Our goal is to provide the best service to you and your pet while maintaining the needs of our established clients. It is also important to us to be available for other new patients seeking our services. To avoid misunderstandings, please read the following information so you are aware of our policies and procedures.

When you call with questions about your pet, receptionists and technicians are trained to answer questions and relay messages to and from the doctors. If you call with a question for the doctor, it will be relayed to her and a receptionist will return your call with a response. If you prefer to consult directly with the doctor, we recommend scheduling a quick appointment to go over your questions. Doctors are usually not available to personally answer your questions as they see patients back to back all day. The doctors may ask you to call in a few weeks with an update report. The receptionist will record the information and pass it along to the doctor. If you have bloodwork, test results or procedures done at another hospital please have the results forwarded to us to keep your medical record up to date so the results can be discussed at your next appointment.

Because our doctors believe in proactive care, we must be in touch with your pet's recent medical history and be kept abreast of changes in your pet's response to our protocols as well as overall health changes. Once a maintenance protocol is achieved, we require your pet be seen for an appointment every 6 months to review medications. If your pet is not on maintenance medications or a formulated protocol, Illinois law states an annual veterinary visit is required to maintain an active veterinary-patient relationship. If we've not seen your pet as an appointment in over one year from the date of the original examination we will inactivate your file and assume you have sought care elsewhere.

The frequency of rechecks and the potential to do some updates via phone consultation is based on the severity and duration of your pet's medical issues. In some cases, the doctors may feel comfortable with a phone consult after your first visit, however, in many cases they need to physically see the pet to determine if changes in the protocol are warranted. If we are monitoring changes in bloodwork, you may elect to have these tests completed locally and have the results faxed to Natural Pet. If you have sought care elsewhere for these testing procedures, please note that the test results will be added to your file and discussed at your next consultation, via phone or in person.

On occasion, once a protocol is established for a previously addressed medical issue, clients ask to have bloodwork or test results completed at another hospital reviewed by Natural Pet doctors and recommendations made without a follow up appointment. In these situations, there is a fee of \$30 for the doctor to review the case and interpret new test results. These cases are usually reserved for people that do not have extensive questions about test results, as her recommendations will be relayed through a client service representative. If you are an established client and have follow up testing completed at another hospital and would like to discuss Natural Pet doctors recommendations, we have phone consultation time slots available weekly. These consultations are billed through your credit card.

We are happy to be a primary care provider for those clients that understand our hospital's unique approach and adhere to our outlined policies. Because we do not offer emergency services and have limited business hours, many clients maintain an active relationship with their current primary care veterinarian and also consult with our vets. We encourage this. Please be aware that Natural Pet is not an emergency hospital and cannot provide adequate emergency services. We recommend you have an emergency clinic lined up for your pet prior to actually needing their services.

Although it is our goal to offer you the soonest appointment available, there may not always be an opening available. We recommend you have an established relationship with a local emergency/after hours/urgent care facility for these situations.

Because of the volume of patients our doctors see, they are not available for non-client consultations.

We require a 24-hour prescription refill notice. Under special circumstances, prescriptions can be filled with short notice for a nominal fee.

Although very rare, Natural Pet Animal Hospital can refuse to accept clients or patients and can refer these clients elsewhere. We also reserve the right to terminate the veterinary-client relationship at any time and refer these clients elsewhere. You may, of course, seek veterinary care elsewhere as well. We can fax your medical records (24 hour notice is required) free of charge or photocopy your records for a fee.

If you need to cancel your appointment, please notify us 24 hours in advance. Natural Pet Animal Hospital understands that missing appointments is sometimes unavoidable. However, empty time slots mean another waiting pet was denied that time with the doctor. There is a \$50.00 no show fee after the first missed appointment.

Due to the abuse of credit, Natural Pet Animal Hospital requires immediate payment for services rendered (If you have an estimate for services, a deposit for the estimated costs is expected).

Thank you for choosing Natural Pet Animal Hospital for your pet's proactive healthcare. We hope this is the beginning of a long friendship!

Avian Background Information

Name _____ Birds's Name _____ Male ___ Female ___ Age _____
How did you hear about us? _____ Reason for your visit today? _____
Where did you get your bird? _____ When? _____ Age when acquired _____

If your bird is healthy, proceed to the next section on diet. If your bird is having a problem, please complete all sections

What problem(s) is your bird currently experiencing? _____
When did you first notice today's problem(s)? _____
What, if anything, have you done for the problem(s) _____

What medications have you previously tried? _____
Please list all current medications _____

Is there a time of day or year that makes today's problem(s) better or worse? _____
Do certain behaviors influence the problem? _____
Does your bird have any peculiar habits or behaviors? _____
Is your bird currently experiencing any of the following symptoms:

	<u>YES</u>	<u>NO</u>
Regurgitation	_____	_____
Diarrhea	_____	_____
Fluffed/ruffled feathers	_____	_____
Undigested food in stool	_____	_____
Change in water or food intake	_____	_____
Change in vocalization	_____	_____
Feather picking/over-grooming	_____	_____

DIET

What percentage of the diet is:
Fresh fruits? _____ vegetables? _____ seeds? _____ (brand) _____ pellets _____ (brand) _____
If the bird is currently being handfed, what brand of formula are you feeding? _____ how often? _____
Other foods your bird eats: _____
What is the bird's feeding schedule? _____ how much do you feed? _____
How often you feed dairy, meat, fried foods or other "no no's"? _____
How do you purify his/her water? _____ Do you add anything to the water? _____
Please list all current supplements, including vitamins, cuttlebones, minerals, etc. _____

ENVIRONMENT

Cage type and size _____ location _____ covered at night? _____
Substrate _____ cage cleaned with: _____ how often? _____
Does the bird bathe? _____ how often? _____ goes outside in the summer? _____ wings trimmed? _____
Number of hours outside cage each day _____ amount of time spent directly interacting with bird per day _____
Is a radio left on when the bird is alone? _____ How often is the cage re-arranged? _____
What type of perches do you have _____ Bird's favorite play toy _____
Have you researched your birds natural history, foraging behaviors, diet and environmental enrichment needs? _____ What changes in his/her environment have you made? _____
Other birds in close proximity to this bird? _____ other pets in home? _____
Do they get along? _____ Any new additions/pets? _____
How often are new toys introduced to bird? _____
Does the bird enjoy playing? _____ Chewing? _____ Vocalizing? _____
Are there smokers in the home? _____ does anyone smoke in the house? _____
Air filter type and location _____ Are window shades open in bird's room? _____
Are room sprays/carpet deodorizers etc. used in the same room as the bird? _____
Do you cook with Teflon® coated pans? _____ Humidifier in room? _____
Do you provide UV light to your bird? _____ What type of bulb _____

Would you like to share any other information that would be helpful for today's visit?

Do you have specific questions to ask the doctor today?

Feather Picking/plucking and Mutilation

Background Information

Feathers Bird Clinic

Name of bird _____ Age _____

How long have you owned the bird? _____

Where did you get your bird? _____

Was your bird handfed? _____ Did you hand feed the bird? _____

At what age did you acquire the bird? _____ Import band (open leg band) present? _____

Any unusual circumstances surrounding the acquisition of the bird? _____

If the bird was re-homed/rescued, what information were you provided about the background of the bird? _____

Have you seen any other behavior changes in addition to picking (screaming/biting/decrease in talking, etc.)? _____

Have you researched this species nutritional requirements, nesting behavior, natural history and foraging habits? _____ What are you implementing? _____

Seeds/nuts offered (brand and amount) _____

Beans/legumes offered _____

Fresh foods offered _____

Supplements/vitamins, etc. _____

What's your bird's favorite play toy? _____

How often do you introduce new toys/mental enrichment? _____

UV light provided how? _____

How is water purified? _____ Are there smokers in the home? _____

How is air purified? _____ Do you use room sprays? _____

My bird's daily schedule is as follows: (example: "get up at 7am, fed fruit, pellets, let out of cage for an hour, then put back in cage until I returned home from work at 6pm. Radio on during this time. Pet sitter lets bird out at 1:00pm. Fed 3 nuts at night after I get home. Play with foot toys with bird for 15 minutes at night. Sits on my shoulder while I work on the computer for an hour. Then to bed, no cage covered, 9:00pm)

When did your bird begin picking? _____

Do you remember a certain event or time that marked this behavior? _____

What did you do when you discovered your bird was picking? _____

How long a timeframe between your discovery of picking and your first vet visit? _____

What did your vet do at this first visit? (X-rays, bloodwork, etc.) _____

Any abnormal bloodwork findings? _____

What medical advice have you followed _____

What environmental recommendations have you followed? (left T.V. on, purchased UV light, etc.) _____

What have you seen since instituting any medications or lifestyle changes? _____

Are there seasonal changes that influence picking behavior? _____

Are there schedule changes/people dynamics that influence picking behavior? _____

Does the bird pick in front of you? _____

Do you comment when the bird picks? (“Stop picking, Bella!!”) _____

Do you see seasonal hormonal changes that influence the bird’s behavior ? _____

Does your bird vocalize? When and how much? _____

Do you ever “punish” the bird for certain behaviors (screaming, chewing, destructive behaviors)? How? _____

Does your bird shower? How? _____

Have any stressors occurred in your life since your bird began picking (change in job hours, a new pet, divorce, residence change, death of mate/bonded family member, seasonal change?). Please explain:

It is our sincere attempt to derive as much background information about your bird’s emotional and physical history as possible. Sometimes that means asking questions about your history and circumstances, as birds are “sponges” of their emotional and physical environment. Please offer any additional information you may feel is pertinent to their medical history that we have not inquired about through the above information: