



All Animal Alternative Medicine
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Douglas R. Yearout, D.V.M.

Welcome to All Animal Alternative Medicine. It is our desire to provide you with the very best in veterinary care for your pet. We urge you to ask any questions concerning clinic policies or treatment of your animals.

Owner's Name(s) _____

Owner's Address _____ City _____ ZIP _____

Owner's Cell Phone # _____ Other Phone # _____

Emergency Contact _____ Phone # _____

Primary Email _____

Owner's Place of Employment _____ Address _____

How did you hear about our clinic? _____

PET INFORMATION—Avian

Name	Species	Breed	Color(s)	D.O.B.	Sex

Previous medical problems (specify which pet) _____

Known sensitivities or allergies _____

I understand that clinic policy requires payment for medical services at the time they are provided. A deposit may be required when in-hospital surgery or treatment is necessary. Written estimates are available upon request.

We welcome you to our practice and look forward to treating your family pets in a professional and caring manner.

Signature of Owner _____ Date _____

INFORMATION ON BIRD:

Type of Bird _____ Name _____

Sex (if known) _____ Age _____

Any Way to Identify Bird _____

TYPE OF DIET:

Seeds (Type, Brand) _____

Vegetables (Type, Amount) _____

Fruit (Type, Amount) _____

Supplements or Vitamins (Type) _____

Pellets (Brand) _____ Formulated Diet _____

Pertinent Medical History including any known allergies: _____

Date of other examinations and/or problems _____

Have you recently purchased new birds that have come in contact with this bird?
_____ YES _____ NO