



AVIAN SUITES  
249 W 61<sup>st</sup> Street  
Minneapolis, MN 55419

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## VETERINARY WELL BIRD EXAM RECORD

Please have the attending veterinarian complete the following information regarding the last Well Bird Exam and FAX it to us at **612-861-5899** or send via email to [info@aviansuitesmn.com](mailto:info@aviansuitesmn.com). Thank you!

**Client Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Species:** \_\_\_\_\_ **Hatched:** \_\_\_\_\_

**Date of exam:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ grams **Chlamydia test?** \_\_\_\_\_

**CBC/Chem Profile?** \_\_\_\_\_ **Other test(s) (PBFD, Polyoma, ABV)?** \_\_\_\_\_

**Any health concerns noted:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Species:** \_\_\_\_\_ **Hatched:** \_\_\_\_\_

**Date of exam:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ grams **Chlamydia test?** \_\_\_\_\_

**CBC/Chem Profile?** \_\_\_\_\_ **Other test(s) (PBFD, Polyoma, ABV)?** \_\_\_\_\_

**Any health concerns noted:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Species:** \_\_\_\_\_ **Hatched:** \_\_\_\_\_

**Date of exam:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ grams **Chlamydia test?** \_\_\_\_\_

**CBC/Chem Profile?** \_\_\_\_\_ **Other test(s) (PBFD, Polyoma, ABV)?** \_\_\_\_\_

**Any health concerns noted:** \_\_\_\_\_

**Statement from veterinarian:** I have examined the above-named bird(s) and find no obvious medical deterrent to boarding at **Avian Suites**.

**Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **DVM**

**Clinic Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_