

CLIENT INFORMATION FORM

- 1. I understand that Dr. Scott McDonald is an experienced, avian veterinarian but that his services are limited. His practice is confined to surgical sexing of birds, grooming procedures and physical examinations, and microchip implantation. He will diagnose and treat uncomplicated outpatient conditions but any in-depth diagnostic workups or therapy requiring hospitalization or follow-up evaluation must be provided by a local avian veterinarian.**
- 2. I understand that isoflurane gas anesthesia is required for surgical sexing and that Dr. McDonald would prefer to use it for grooming and to insert microchips because it greatly reduces stress caused when the bird is physically restrained.**
- 3. I understand that there is some risk involved anytime a bird is anesthetized, surgically sexed, or even groomed.**
- 4. I understand that there are other non-invasive ways to sex birds using DNA analysis and that if I would rather have this done on my bird, then I must either visit another veterinarian or contact one of the labs that advertises directly to the bird owner.**
- 5. I understand that Dr. McDonald will do grooming without anesthesia if I ask him to or that I have the choice of taking my bird(s) to another veterinarian for this service if I feel uncomfortable in any way.**
- 6. I understand that Dr. McDonald will do a brief visual and physical assessment of my bird beforehand to ascertain that it can undergo anesthesia or have any of the procedures done safely.**
- 7. I understand that if there are any complications afterwards that I can contact Dr. McDonald to talk to him and/or that I should contact a local veterinarian for consultation or care.**

(Signature required)

CLIENT INFORMATION

DATE _____

NAME _____

E-MAIL ADDRESS _____

MAILING ADDRESS _____

CITY _____ STATE ____ ZIP _____

HOME PHONE _____ CELL PHONE _____

STOP CODE _____

BIRDS

TYPE OF BIRD	NAME	SEX	AGE
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1. _____

2. _____

3. _____

4. _____

5. _____