



1131 n Kingshighway St, Ste F  
Cape Girardeau, MO 63701

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## VETERINARY WELL BIRD EXAM RECORD

Please have your avian veterinarian fill out the information below during your bird's most recent wellness check. Once completed, you may return the form by email or provide a printed copy to our facility. Thank you!

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

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

**Date of exam:** \_\_\_\_\_ **Weight** \_\_\_\_\_ grams **Chlamydia test?** \_\_\_\_\_  
**CBC/Chem Profile?** \_\_\_\_\_ **Other test(s) (P BFD, Polyoma, ABV)?** \_\_\_\_\_

**Notes or Health Concerns:**  
\_\_\_\_\_

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

**Date of exam:** \_\_\_\_\_ **Weight** \_\_\_\_\_ grams **Chlamydia test?** \_\_\_\_\_  
**CBC/Chem Profile?** \_\_\_\_\_ **Other test(s) (PBFD, Polyoma, ABV)?** \_\_\_\_\_

**Notes or Health Concerns:**  
\_\_\_\_\_

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

**Date of exam:** \_\_\_\_\_ **Weight** \_\_\_\_\_ grams **Chlamydia test?** \_\_\_\_\_  
**CBC/Chem Profile?** \_\_\_\_\_ **Other test(s) (P BFD, Polyoma, ABV)?** \_\_\_\_\_

**Notes or Health Concerns:**  
\_\_\_\_\_

**Veterinarian Statement:** I have conducted a wellness evaluation on the bird(s) listed above and have found no significant medical issues that would prevent them from being boarded at this facility.

**Signature:** \_\_\_\_\_ **Name(Printed):** \_\_\_\_\_  
**Clinic Name** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

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