

Date:

Avian History Form

It is important to provide an accurate history of your pet in order to receive the best treatment options available. Please provide information to the questions below.

1. Patient Information

Name: _____

Species: _____

Gender: ___ Male ___ Female ___ Unknown Determined by: ___ Endoscopy ___ DNA ___ Visual

Date of birth: _____

Date acquired and source (pet store, breeder, previous owner): _____

Number of previous owners (other than breeder, store): _____

What states and/or countries has your pet lived in? _____

Does this bird have a reproductive history? ___ Yes ___ No Please give details: _____

When was the last molt? How often has this bird been molting? _____

Does your bird get wings trimmed? ___ Yes ___ No Please give details: _____

Do you have other pets? ___ Yes ___ No Please give details: _____

Have you or your bird had any contact with other birds in the last 30 days? ___ Yes ___ No Please give details: _____

When was the last bird added to your collection? _____

2. Environment

Is the animal kept indoors or outdoors? _____

Describe the cage enclosure (size, type, objects in cage, furnishings, etc.): _____

What type of material is used to line the bottom of the cage/litter pan? _____

Is bathing/spraying provided? ___ Yes ___ No Please give details: _____

How often is the cage cleaned? What is used to clean/disinfect? _____

What percentage of time does your bird spend out of the cage? _____

Is the bird supervised when out of the cage? ___ Yes ___ No Please give details: _____

Does your bird have regular exposure to direct sunlight? Yes No Frequency and length of time: _____

Is your bird exposed to full spectrum (UVA and UVB) sunlight? Yes No Brand: _____

What is your bird's light/dark cycle? _____

Does anyone in the household smoke? Yes No

Do you use aerosolized products? Yes No

Has there been any changes to the bird's environment lately? Yes No Please describe: _____

3. Diet

How often do you feed your bird? _____

Which foods are eaten and in what amounts (by number, weight, or approximate volume): _____

	Brand/Type	Amount
Seed Mixtures		
Pellets		
Fruits/Vegetables		
Meat		
Treats		
Other		

Do you use any nutritional supplements? Yes No If yes, what, how much, and how often? _____

What water supply do you provide? Tap Bottled Rain/river water

How is water provided? Bowl Bottle Dripper system Spray How often?

How often is the water changed? _____

4. Is your pet here for a Check-up Illness (please check one)

If your pet is here for an illness, please describe the signs/symptoms and how long your pet has been

showing these signs/symptoms: _____

Is your pet's activity level ___ Normal ___ Decreased ___ Increased

Is your pet's appetite ___ Normal ___ Decreased ___ Increased

Have you noticed any of the following:

___ Weight loss

___ Weight gain

___ Increased breathing rate or effort

___ An increased or decreased thirst

___ Weakness

5. Previous Conditions

Has your pet had any previous conditions, operations, or problems (including dental or gastrointestinal problems)?

6. Miscellaneous

Is your pet currently on any medications? _____

Has your pet been on any medications recently? If yes, please list them: _____

7. Is there anything else you would like done today?

___ Have questions about: _____

___ Other: _____
