

AVIAN HISTORY FORM

A detailed history is essential to provide the most appropriate veterinary care for your animal. Please complete this form as accurately as possible. If there is anything you are unsure about you can discuss it in more depth with the veterinary staff during your appointment.

Owner's Name: _____
Pet's name: _____ Species: _____
Date of birth/Age: _____ Sex: M / F Sexed by: DNA / Endoscopy / Surgery
Origin: captive bred wild caught import unknown
How long have you had this bird? _____
Where did you obtain this bird? _____
Does your bird lay eggs? Y / N If yes, please give details (how many/how often): _____

When did your bird last molt? _____ How often does your bird been molt? _____
Is your bird vaccinated? Y / N ; If yes, which vaccines: _____
Does your bird get wing trims? Y / N ; if yes, how often _____
Do you have other birds or pets? Y / N ; if yes, please give details: _____

Have you or your bird had any contact with other birds in the last 30 days? Y / N
If yes, please give details: _____
When was the last bird added to your collection? _____

REASON FOR PRESENTATION TODAY

What is the primary complaint or what signs have you noticed? How long have these problems been present? What health problems has your bird had previously? _____

What health problems has your bird had previously? _____

Has your bird received any treatment in the last 30 days? Y / N ; if yes, please give details (what was used, dosage, how often, duration): _____

Have you noticed any change in your bird's behavior? Y/N , please give details: _____

Any other birds at home with similar symptoms? _____

Have any other animals or persons in the household had any illness in the last 30 days? _____

DIET

How often do you feed your bird: _____

Indicate which foods are eaten and in what amounts (by number, weight, or approx. volume):

~Seed mixtures: Brand? _____ Amount? _____

~Pellets: Brand? _____ Amount? _____

~Fruits and/or vegetables (Type and amount) _____

~Meat (type and amount): _____

~ Other: _____

Do you use any nutritional supplements? Y / N; if yes what, how much, and how often? _____

What water supply do you provide? tap water / bottled water ; if tap, how old is your home? _____

How is water provided? bowl / dripper system / spray _____

How often is the water changed? _____

Do you use any water supplements? Y / N : if yes please give details: _____

Have you noticed any changes in feeding or drinking behavior? Please give details: _____

Have you noticed any changes in droppings (fecal material, urine and urates?) Please give details; _____

CAGE/ENVIRONMENT

Where is the cage located? _____

What is the cage made of? _____

Cage size: _____

What furnishings are present? nest box perches swings toys mirrors other: _____

What type of perches? _____

What types of toys? _____

Do you bathe your bird? Y / N; if yes, how and how often? _____

How often is the cage cleaned? _____

What cleaning/disinfectant agents are used? _____

What percentage of time does your bird spend inside and outside of its cage?

Inside _____ Outside _____

Is the animal supervised when out of the cage? Y / N

Is your bird flighted? Y / N Do you allow your bird to fly around the home? Y/N _____

Is your bird exposed to full spectrum (UVA and UVB) lighting? Y / N

How many hours a day? _____

How many hours of sleep does your bird get each night? _____

Where does your bird sleep? _____

Does anyone in the household smoke? Y / N Do you use any aerosolized products? Y / N

Have you used any teflon coated or other non-stick pans recently? Y / N

Have there been any changes in the bird's environment in the last 3 months? Y / N

If yes, please explain: _____