

Avian History Form

Date: _____

Referring DVM: _____

Admitting clinician: _____

Appt time: _____

Name of bird: _____ Species: _____ Age: _____ Pet Bird/Breeder: _____

Background Information

Length of time owned: _____ Where acquired: Breeder _____ Pet store _____ Other _____

Vaccination history: _____ When was last molt? _____

Character of feces: _____ How often is the bird handled? Daily _____ Occasionally _____ Never _____

Is bird ever taken outside? No ___ Yes ___

Husbandry

Housed indoors/outdoors? _____ Where is the cage located? _____

Type of caging: _____ Size of caging: _____ Galvanized? No ___ Yes ___

Cage substrate: _____ How often is the cage cleaned? _____

What type of disinfectant is used when cleaning the cage? _____

Types of toys/perches offered: _____

Any other birds? No ___ Yes ___ If yes, please specify: _____

Birds are housed: Together _____ Single _____

If not housed together, where are other birds located in regards to this bird? _____

Any new additions to the bird population? No ___ Yes ___ If yes, please specify: _____

Were new additions properly quarantined from rest of bird population? _____

Any other pets? No ___ Yes ___ If yes, please specify: _____

Nutrition

Types of food offered:

Pellets? No ___ Yes ___ If yes, what brand? _____ Amount fed/frequency: _____

Seed? No ___ Yes ___ If yes, what type? _____ Amount fed/frequency: _____

Fruits? No ___ Yes ___ If yes, what types? _____ Amount fed/frequency: _____

Vegetables? No ___ Yes ___ If yes, what types? _____ Amount fed/frequency: _____

Types of supplements/treats offered: _____

Water source: _____ How often is water changed? _____

Past medical history/problems: _____

Current presenting problems: _____