



Avian History Form

Please provide the information below as completely as possible. All information is strictly confidential.
All fields with an asterisk (*) are required.

Patient Information

Owner's Name*

Pet's Name*

Species*

Age*

Sex*

Male

Female

Unknown

How was bird sexed?*

Blood Test (DNA)

Surgically (endoscopy)

Visually

Not Sexed

Color/Markings*

Specific Identification

Tattoo

Microchip

Leg Band

Other

Describe ID location and Details (if applicable)

Reasons for Today's Visit

What signs prompted today's visit?*

How long have you noticed the problem?*

How has the problem changed?*

Worse

Better

Same

Has anything seemed to make the problem worse or better?

Does the problem tend to happen at a certain time of day or time of year?

On a scale of 1 to 10, with 1 being normal and 10 being death, how would you rate your pet's problem?*

Have you noticed any of the following signs? (check all that apply)

Behavior change

Lethargy / change in exercise

Nose or eye discharge

Sneezing

Increased breathing rate or effort

Change in voice / vocalization

Vomiting / regurgitating

Change in stool quality

Change in urine / urate quality / color

Change in urine volume

Lameness / weakness

Change in thirst

Change in appetite

Change in weight

Scratching

Feather loss / abnormalities

Skin lumps (masses)

If your bird has been sick before, please describe.

If your bird has been seen by another veterinarian, who was that vet?

Please describe any medications your bird is currently taking.

Have you tried any over-the-counter remedies or supplements?

If any tests have been performed on your bird, please check those that apply.

Psittacosis (Chlamydophila)

CBC

Chemistry panel

Beak and Feather Disease

Polyoma Virus

Parasite examination

Radiographs (x-rays)

Please describe any other tests not listed above.

Has any member of your household (human or animal) had an illness in the past month?*

Yes

No

General History

How did you acquire this bird?*

Source:*

Private Breeder (describe)

Pet Store (describe)

Wild Caught (imported)

Unknown

Please provide any other details on the source.

Approximate date when acquired.*

Approximate age or size when acquired.*

Bird is a:*

Pet

Breeder

Other

If other, please describe

Has any reproductive behavior been noted?*

Yes

No

If so, please describe.

Please describe any past reproductive issues. Has your bird been "spayed" (undergone a salpingohysterectomy)?

When was the last molt?*

Is your bird vaccinated?*

Yes

No

If so, please list vaccines and dates.

Are your bird's wings trimmed?*

Yes

No

Do you have any other birds or other pets?*

Yes

No

If yes, please list other pets and whether they have contact with this bird.

Has there been any contact between humans or birds in your household with any other birds in the last 3 months?*

Yes

No

How does your bird get exercise?*

Housing

Where is this bird kept (select all that apply)?*

Indoors

Outdoors

Cage

Aviary

Free in House

Is your bird allowed free in the house at any time?*

Yes

No

If yes, how frequently?

Is your bird supervised at all times when outside of cage?*

Yes

No

Is this bird housed alone?*

Yes

No

If no, describe cage mates.

Please describe type / size of cage.*

What cage furniture is present?*

Perches

Toys

Swings

Nestbox

Other

What is used for substrate on the bottom of the cage?*

Is a grate present on the bottom of the cage?*

Yes

No

How often is the cage cleaned, using what method / products?*

How often are the food / water dishes cleaned, using what method / products?*

Describe any bathing / shower activity including how often.*

Has this bird's environment changed recently?*

Yes

No

If yes, please describe.

What is the nighttime procedure for your bird?*

Cage Covered

Placed in Nighttime Cage

No Change from Day

How many hours of undisturbed darkness does the bird have in each 24 hour period?*

Does the bird have any exposure to full spectrum (UV A or B) lighting?*

Yes

No

If yes, please describe.

Do any smokers live in the house or visit regularly?*

Yes

No

Are any of the following present in your home? (check all that apply)

Sprays (air fresheners, insecticides, cleaning products, etc.)

Candles

Fireplaces

Teflon cookware

Wood or oil burning heaters

Houseplants to which the bird has access

Painted or linoleum surfaces to which the bird has access

Dust (within the house or nearby construction)

Diet

How often is food offered to your bird?*

If pellets are given, what brand/type?

If seed mix is given, what brand / type?

Do you sprout any of the seeds before feeding them? If so, how?

What types of sprouts are offered/how frequently?

If vegetables are given, what types and are they frozen, fresh, dehydrated, or in some other form?

If fruits are given, what types and are they frozen, fresh, dehydrated, or in some other form?

If proteins are offered, what sources (tofu, egg, meat, cheese)?

If treats are offered, what types?

What is the predominant diet of your bird; i.e., of the foods that are offered, what does your bird actually eat?*

What supplements, if any, are offered? How often?

Any recent diet changes?*

Yes

No

If yes, please describe.

Does your bird forage for any of his/her food?*

Yes

No

If so, what percentage of the food is offered through foraging?

Please describe the foraging opportunities offered.

How is water offered?*

Bowl

Sipper Bottle

Other

What is the source of your bird's water?*

Tap water

Bottled water

Well water

Rain water

How often is the water changed?*

Thank you for taking the time to fill out this form. This information will assist your veterinarian in providing the best possible care for your bird.

Signature: _____



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