



Avian History Form

How long have you owned this bird?

Source of bird?

Bird is kept in:

Any other birds kept in the same cage, aviary or flock?

Yes

No

Please list other birds in the household:

Please list other pets in household:

What type of substrate is used in the cage?

How frequently is the substrate changed?

How frequently is the entire cage/coop cleaned?

How frequently are the food and water dishes cleaned?

What type of food does your pet eat (pellets/seed/fruit/vegetables/other)? Please include brand for pellets/seed.

Do you use vitamin or mineral supplements?

If so, what type and how often?

Yes

No

How often is you bird bathed/misted?

Where in the home is the bird's primary habitat located?

Has your pet received any home treatments or veterinary care previously?

Yes

No

If so, please explain. Include medication names, dosages and length of treatment.

Has your pet had previous labwork?

Yes

No

If so, where was the labwork performed?

What is the primary reason for your pet's visit today and what concerns do you have?