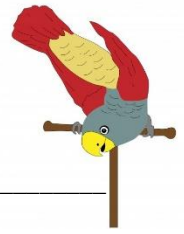




SEVEN OAKS VETERINARY CLINIC



AVIAN HISTORY FORM

Name of Animal _____ Species _____ Sex _____ DOB _____

Background Information:

Length of time owned _____ Acquired from (circle one) Breeder Pet Store Home Bred

Hand-reared or parent-reared? (circle one) Character of animal: _____

Normal weight: _____ Current weight: _____

Banded? (circle one) Yes No If so, numbers/letters as they appear on the band: _____

Husbandry:

Enclosure type and approximate size: _____

Where is enclosure located? _____ Indoor or Outdoor? (circle one)

Heating supplied? Yes No Flooring material: _____ Perch type _____

How often is cage cleaned? _____ What type of disinfectant is used when cleaning cage? _____

Air Filtration: _____ Is the bird exposed to cigarette smoke, candles, cooking fumes, Teflon? Please specify: _____

Is the bird's wing clipped? Yes No If so, how and at what age? _____

Companions? If so, please specify: _____ Other species of birds kept: _____

Are animals housed together or singly? _____

How long does the bird spend in a cage/ out of a cage? _____

How long is the bird allowed to sleep? _____ Hours exposed to natural sunlight: _____

Hours exposed to ultraviolet lamp: _____ Make of lamp: _____ Distance of lamp from bird: _____

When was the lamp last changed? _____

Nutrition:

Diet (list items eaten and their relative proportions in a typical week): _____

Items offered but refused: _____ Treats: _____

Any supplements offered/ frequency? _____ Water source? _____

Past Medical History/Problems:

Current Presenting Problem:

Duration of Complaint: