



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.

BIRD DETAILS

Name or identification: _____

Common/scientific species name: _____

Date of birth: _____ Age: _____

Sex: M M/Neutered F F/Spay Unknown

Determined by: DNA Endoscopy Visual Other: _____

Origin: Captive bred Wild caught import Unknown

How long have you had this bird: _____

From where did you obtain this bird: _____

Does this bird have a reproductive history? N Y Details: _____

Is your bird vaccinated: N Y If yes, list vaccines and dates given: _____

When did your bird last molt: _____

Does your bird get wing trimmed? N Y Details: _____

Do you have any other birds/pets in the household? N Y

If yes, list the number and species: _____

When was the last bird added to your household: _____

Has your bird had contact with any other birds in the last 30 days N Y

If yes, when and what species: _____

CAGE ENVIRONMENT

Cage location: Inside Outside

Percentage of time your bird spends in the cage: _____

Is your bird supervised when out of the cage: N Y

What is the cage made of and what are the dimensions: _____

Have there been any changes in the environment in the last 3 months? N Y

If yes, give details: _____

What décor and furnishings are present: Nest box Perches Swings Toys

Other: _____

Does the bird have regular exposure to sunlight? N Y Details: _____

Is your bird exposed to full spectrum (UVA/UVB) lighting N Y Brand: _____

What bedding do you use: _____

Do you provide any bathing facilities: N Y Bird's day/night cycle: _____

Are there any smokers in the house: N Y

Do you use aerosolized substances: N Y

How often and how is the cage cleaned: _____

DIET

How often do you feed your bird: _____

Which foods are eaten and in what amounts (by weight or approx .volume)...

Seed mixtures - brand/amount? _____

Pellets - brand/amount? _____

Vegetables - type/amount? _____

Fruits - type/amount? _____

Treats - type/amount? _____

Meat/Meat products – type/amount? _____

Other – _____

Nutritional supplements – type/amount/frequency? _____

What water supply do you provide? tap water bottled water rain/river water

How is water provided? bowl dripper system spray How often: _____

How often is the water changed: _____

Do you use any water supplements? N Y Details: _____

Have you noticed any changes in droppings (fecal material/urine/urates)? N Y

Details: _____

REASON FOR PRESENTATION TODAY

What is the primary complaint or what signs you have noticed: _____

Has this bird had previous health problems? N Y Details: _____

Has this bird received any treatment in the last 30 days: N Y Details (what was used, how often, duration): _____

Have you noticed any change in this bird's behavior: N Y Details: _____

Have any other persons or animals in the household had any illness in the last 30 days: N Y Details: _____

Please write any other comments or details of relevance on the back of this form