

AVIAN HISTORY FORM



GENERAL HISTORY

Owner: Last Name _____ First Name _____ Bird's Name _____

Bird's Gender: Male/Female/unknown (circle)

Bird gender determined by: blood test/surgical/other _____ Hatch Date or Age _____

Does the bird have any specific identification? (e.g., tattoo, leg band, microchip) _____

If a female who produced eggs in the past, please provide approximated date and quantity: _____

The bird was acquired from: Pet Store/Breeder/Other - Describe: _____

Date Acquired: _____

Are there any other pets in the house? Yes/No If yes, please give species and ages when acquired

Is the bird used to being handled? Yes/No Date of most recent molt: _____

Does the bird take baths or get misted? Yes/No How often? _____

HOUSING

Is the bird kept: Indoors _____ % Outdoors _____ %

How is the bird housed? (circle) Cage/Aviary/Free in the house If the bird is caged, what type of cage?

How often is bird let out of the cage? _____

How often is the cage cleaned? _____ Please describe method/frequency of cleaning food and water dishes _____

Diet

What foods are offered to the bird and in what total percentages? (Ex. 50% seed) _____

What percentage of these foods is removed from the cage at night? _____

Are supplements or treats offered? If so, list brands and frequency: _____

Have there been any recent changes in diet? Yes/No If yes, describe: _____

How is water offered? (Ex. Sipper bottle, bowl) _____

Reason for Today's Visit

What signs have you noticed that prompted today's visit? _____

How long have you been seeing these signs? _____

Has the bird been sick or injured previously? _____ Has the bird been seen by another veterinarian? Yes/No

When/why? _____

Have any tests been performed on the bird? _____ Please circle all that apply:

Psittacosis CBC Psittacine Beak and Feather Disease Polyomavirus Parasites

Other tests or medical procedures? Please describe: _____