

Avian Comprehensive Form

Date	Last Name	Pet Name	Species:	Age:
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Previous Vet(s) seen:

Background Information:

Pet Bird Breeder

Length of time owned: _____

Where acquired: Breeder Pet Store Other _____

When was last molt? _____ Character of droppings?: _____

How often is bird handled: Daily Occasionally Never Is bird ever taken outside? Yes No

Husbandry

Housed? Indoors Outdoors Temperature?: _____

How often is bird misted/bathed?: _____

Is bird supervised when it is out of the cage? Yes No

Does bird chew on things? Yes No

Where is cage located? _____

Type of caging: _____ Size of cage _____ Galvanized? Yes No

Cage Substrate? _____ How often is cage cleaned: _____

What type of disinfectant is used when cleaning cage? _____

Types of toys/perches offered? _____

Nutrition

Type of food offered:

Pellets? Yes No If yes what brand? _____

Amount fed/frequency _____

Seeds? Yes No If yes what brand? _____

Amount fed/frequency _____

Fruits? Yes No If yes what type? _____

Amount fed/frequency _____

Veggies? Yes No If yes what type? _____

Amount fed/frequency _____

Other? _____

Types of Supplements/Treats offered? _____

Water Source: _____ How often is water changed? _____

Additional Information

Any other birds? Yes No If yes, please specify: _____

Any other pets? Yes No If yes, please specify: _____

How are birds housed? Together Singly

If not housed together, where are other birds located? _____

Any new additions to the bird population? Yes No If yes, specify: _____

Were the new additions quarantined separate from rest of bird population? Yes No

Past Medical History/Problems:

Current/Present Problems:

Duration of Problem: _____