

# Avian History Form

Date	Last Name	Pet Name
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A detailed history is essential to provide the appropriate veterinary care for your bird. 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 veterinarian during your appointment.

## **Patient Information**

Common or Scientific Species Name:

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Gender: Male  Female  Unknown

Date of birth/hatch \_\_\_\_\_ Date Acquired: \_\_\_\_\_

Source (pet store, breeder, previous owner):

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Captive Bred  Wild Caught

Number of previous owners (other than breeder, store):

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What states and countries has your bird lived in?

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Vaccines:

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## **Environment**

Where is this bird kept in the house?

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Enclosure (cage type, size, perches, toys, other furnishing):

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What is on the bottom of the cage?

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Are there other birds in the house? Yes  No

If so, what types are they and when were they acquired?

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**Environment** – cont.

List any other pets:

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Do you regulate the temperature near the cage?

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How much time does your bird spend out of the cage?

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Is your bird supervised when it is out of the cage? At all times  Sometimes  No

Does your bird chew on walls, furniture or other household objects?

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List recent changes in the environment (if any):

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Has your bird been exposed to any birds other than your own? Yes  No

If your pet has ever boarded anywhere, please state when and where:

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Does your pet participate in any bird clubs or shows? Yes  No

If yes, please state when and where:

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Has your bird been outside or has a wild bird been in your home? Yes  No  If yes, when?

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Do you have friends who have pet birds? Yes  No

**Toxins**

Does anyone in your house smoke? Yes  No

Is your bird exposed to kitchen fumes? Yes  No

Do you have non-stick cookware? Yes  No

Does your bird chew household plants? Yes  No

**Toxins** – cont.

Does your pet chew on painted surfaces (such as walls or windowsills)? Yes  No

Do you have air filtration? Yes  No

Please list any air fresheners, cleaning products, deodorizers, or insecticides that are used in the same room as your bird:

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Please list possible toxins or irritants:

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**Diet**

What percent of your bird's diet consists of the following (please list only the things the bird eats, not what is offered)?

Bird Pellets \_\_\_\_\_% Brand(s)

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Seeds \_\_\_\_\_% Brand(s)

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Table Food \_\_\_\_\_% Type(s)

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Other \_\_\_\_\_% Type(s)

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How often do you change your bird's food?

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Please list any supplements used. How are they given and how often?

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Treats — List type(s) and frequency:

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Water source:

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Please list any recent additions/changes in the diet:

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**Reproductive**

Do you plan on breeding this animal? Yes  No  Maybe

How many clutches/eggs has this bird laid? \_\_\_\_\_ Were they healthy? Yes  No

When was the most recent egg? \_\_\_\_\_ How many eggs were laid? \_\_\_\_\_

Were they normal? Yes  No  If no, were they: Thin shelled  Misshapen

Describe any past reproductive problems with this bird or its offspring:

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Were the offspring healthy? Yes  No  If no, please describe:

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Does your bird have any of the following: Feather picking  Screaming  Biting

Aggression  Fear of people  Other  : \_\_\_\_\_

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Previous conditions, problems or operations (list with date, if known):

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**Lighting**

Does your bird receive sunlight? Yes  No  Estimated hours per week: \_\_\_\_\_

Does the sunlight pass through glass or plastic before reaching the bird? Yes  No

Artificial lighting:

Incandescent ("screw-in" bulbs): Watts \_\_\_\_\_ Hours per day \_\_\_\_\_

Fluorescent (tube bulbs): Brand(s) \_\_\_\_\_

Hours per day \_\_\_\_\_

How often are the fluorescent bulbs changed?

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**Today's Visit**

What is your bird here for today? Wellness Exam  Sick  If sick, please describe the signs and how long the bird has been showing these signs:

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Is your bird eating normally? Yes  No

Have you used any medications from the pet store? Yes  No  If yes, please explain:

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Have you noticed any of the following:

Weight loss  Weight gain  Sneezing  Discharge from eyes  Discharge from nose

Increased breathing effort or rate  Decreased ability to fly or exercise  Change in voice

Change in droppings  Abnormal feathers  Weakness in legs  Weakness in wings

Has your bird been seen by another veterinarian for any of the current problems? Yes  No

If yes, please list the tests performed and medications given:

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Are there any other concerns or questions?

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