

Avian History Form

Date	Last Name	Pet Name
------	-----------	----------

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:

Gender: Male Female Unknown

Date of birth/hatch: _____ Date acquired: _____

Source (pet store, breeder, previous owner):

Captive Bred Wild Caught

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

What states and countries has your bird lived in?

Vaccines:

Environment

Where is this bird kept in the house?

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

What is on the bottom of the cage?

Are there other birds in the house? Yes No

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

Environment – cont.

List any other pets:

Do you regulate the temperature near the cage?

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

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?

List recent changes in the environment (if any):

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:

Does your pet participate in any bird clubs or shows? Yes No If yes, please state when and where:

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

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

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:

Please list possible toxins or irritants:

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?

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)

Seeds _____% Brand(s)

Table Food _____% Type(s)

Other _____% Type(s)

Diet – cont.

How often do you change your bird's food?

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

Treats – List type(s) and frequency:

Water source:

Please list any recent additions/changes in the diet:

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:

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

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

Aggression Fear of people Other :

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

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:

Is your bird eating normally? Yes No

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

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:

Are there any other concerns or questions?
