



Avian History Form

TODAY'S DATE

/ /

1. Patient Information

Avian name or identification: _____

Common or scientific species name: _____

Date of birth: _____ Age: _____

Sex: M F neutered/spayed 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 ; please give details _____

When did your bird last molt? _____ How often has your bird been molting? _____

Is your bird vaccinated? N Y ; please give details: _____

Does your bird get wing trimmed? N Y ; if yes, please give details _____

Do you have other birds or pets? N Y ; please give details: _____

Have you or your bird had any contact with other birds in the last 30 days? N Y ; please give details: _____

When was the last bird added to your collection? _____

2. Reason for Visit

What is the primary complaint or what signs have you noticed? How long have these problems been present?

What health problems has your bird had previously? _____

Has your bird received any treatment in the last 30 days? N Y . If yes, please give details (what was used, dosage, how often, duration): _____

Have you noticed any change in your bird's behavior? N Y ; please give details _____

Have any other animals or persons in the household had any illness in the last 30 days? _____

3. Cage Environment

Where is the cage located? inside outside , please give details; _____
What is the cage made of? _____ . Cage size: _____
What kind of bedding is used? _____
What décor and furnishings are present? nest box perches swings toys other: _____;
please give details; _____
Are bathing/spraying facilities provided? N Y , please give details; _____
How often is the cage cleaned? _____ . What cleaning/disinfectant agents are used? _____
What percentage of time does your bird spend inside and outside of its cage? Inside _____ . Outside _____
Is the animal supervised when out of the cage? N Y , please give details; _____
Does your bird have regular exposure to sunlight? N Y Frequency and length of time _____
Is your bird exposed to full spectrum (UVA and UVB) lighting? N Y Brand? _____
What is your bird's light/dark cycle? _____
Does anyone in the household smoke? N Y Do you use any aerosolized products? N Y
Have there been changes in the bird's environment in the last 3 months? N Y , please give details _____

4. Diet

How often do you feed your animal? _____
Indicate which foods are eaten and in what amounts (by number, weight, or approx. volume):
 Seed mixtures: Brand? _____ . Amount? _____
 Pellets: Brand? _____ . Amount? _____
 Fruits and/or vegetables: Type? _____ Amount? _____
 Meat (type and amount); _____ Freshly killed Frozen/thawed Live prey
 Treats: Brand? _____ . Amount? _____
 Other: _____
Do you use any nutritional supplements? N Y , if yes what, how much, and how often; _____

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 , please give details; _____
Have you noticed any changes in feeding or drinking behavior? Please give details; _____

Have you noticed any changes in droppings (fecal material, urine and urates)? Please give details; _____
