



Avian History Form

Client Name _____ Bird's Name _____

Email _____ Date _____

Basic Information

What species of bird do you have? _____

Is your bird: _____ Domestic (captive born) _____ Imported (wild caught)

Where did you get your bird? _____ Shelter _____ Breeder _____ Pet Store _____ Other: _____

How long have you owned your bird? _____ Bird's Age/DOB _____

Do you know if it is male or female? _____ Male _____ Female _____ Unknown

How was the sex determined? _____ DNA Sexing (whole blood) _____ Chromosomal Sexing (feather pulp)

_____ Surgical Sexing _____ Other: _____

Do you have other pets? If yes, please list them. _____

Housing

Is your bird kept in a cage? _____ Yes _____ No Size of bird's cage _____

What is the shape of the cage? _____ What material is the cage made of? _____

Describe the bedding in the cage _____

How often is the cage cleaned? _____ Are there perches? _____ Yes _____ No

Are there toys? _____ Yes _____ No Are there smokers in the house? _____ Yes _____ No

Is the cage: _____ Indoors _____ Outdoors How often does your bird bathe? _____

Please describe your bird's bathing routine: _____

Does your bird have any exposure to other birds? _____ Yes _____ No _____ Unsure

Feeding

Please list all the foods your pet eats, including treats. (Please be as specific as possible.)

Please list any vitamin supplements you give your pets.

How do you give vitamin supplements? _____ In Food _____ With Water _____ By Itself

What does your bird primarily eat? _____ How often is the water changed? _____

When did your bird last molt? _____ How often does your bird molt? _____

Previous Veterinary Care

Has your pet received veterinary care at another clinic? If so, please tell us the name of the clinic.

Has your pet had previous medical problems? _____

When was the last blood panel done? _____ Less than 1 year _____ Over 1 year _____ Never

Today's Visit

Is your bird currently ill? _____ Yes _____ No If yes, what are the symptoms? _____

If yes, how long has it been sick? _____ Have you tried any treatments? _____

What signs of illness is your bird displaying? _____

Have there been any changes in your pets: _____ Food Consumption _____ Water Consumption

_____ Droppings _____ Behavior _____ Vocalizations

Are any of your other pets also ill? _____