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? ________________________________________________________________