



Avian History Form

Client: _____ **Date:** _____

Pet's name: _____ **Species:** _____

Date of birth: _____ **How long have you had your bird:** _____

Sex: M F Unknown **How determined:** DNA / Surgical / Laid Eggs / Dimorphic

Where did you obtain your bird? _____

Form of identification (circle): Tattoo – Microchip – Band – None – Other _____

Environment:

- What type of cage does your bird have? _____
- What are the dimensions? H _____ x W _____ x L _____
- Where in the house is the cage located? _____
- Briefly describe your bird's cage (type and number of perches, food/water bowls, toys, substrate)

• Does your bird spend time out of the cage? Yes – No If so, how much and where? _____

• Are there any other birds sharing the cage or in direct contact? Yes – No

• How often is the cage cleaned? _____

Diet:

• What kind of food do you feed your bird? Pellets (brand) _____

Seed mix (brand) _____ Fruits _____

Veggies _____ Treats _____

Other _____

• Please fill in the percent of the total diet in each category **that your pet actually eats:**

Seeds	Vegetables	Fruits	Nuts	Dairy/Meat	Pellets	Bread/Grains	Other	Total
								=100%

• Do you give your bird supplements? What kind and how often? _____

Medical History

• Please list any previous medical problems: _____

• Has your bird ever been tested for Psittacosis, Polyomavirus, or Psittacine Beak and Feather Disease? Yes – No If so, where? _____

• Has your bird been recently exposed to other birds? (new bird, boarding) Yes – No

• Is your bird groomed regularly? Wings – Beak – Nails – None

Who does the grooming? Self – Other _____

• Do you bathe your bird (spray bottle, bath/shower)? Yes – No

If so, how often? _____

• Does your bird have a full spectrum (UVB) light? Yes – No Brand _____

• Have there been any changes in the bird's environment? _____

• Does your bird have any behavior problems? _____

• Are there any smokers in the house? Yes – No

• Have there been any changes in your bird's droppings? (number, color, consistency) _____

• Have you noticed (circle): **decreased appetite, increased appetite, anorexia, weight loss, vomiting/regurgitation, difficulty breathing, tail bobbing, lethargy, fluffed feathers, diarrhea, feather picking, nasal or eye discharge**

Describe: _____