

## Avian History Form

Patient Name: \_\_\_\_\_

Sex: \_\_\_\_\_

Species Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**How was the sex of your pet determined?**  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?**  Yes  No; details \_\_\_\_\_

**When did your bird last molt?** \_\_\_\_\_

**How often has your bird been molting?** \_\_\_\_\_

**Is your bird vaccinated?**  Yes  No; details \_\_\_\_\_

**Does your bird get wing trimmed?**  Yes  No; details \_\_\_\_\_

**Do you have other birds or pets?**  Yes  No; details \_\_\_\_\_

**Have you or your bird had any contact with other birds in the last 30 days?**

Yes  No; details \_\_\_\_\_

**When was the last bird added to your collection?** \_\_\_\_\_

### 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 treatments in the last 30 days?  NO  YES if yes, please give details (what was used, dosage, how often, duration): \_\_\_\_\_

\_\_\_\_\_

Have you noticed any change in your bird's behavior?  NO  YES if yes, please give details

\_\_\_\_\_

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

NO  YES if yes, please give details

\_\_\_\_\_

**Diet** How often do you feed your animal? \_\_\_\_\_

Indicate which foods are eaten and in what amounts (by #, weight, or approx. volume):

Seed Mixtures: Brand? \_\_\_\_\_ Amount? \_\_\_\_\_

- Pellets: Brand? \_\_\_\_\_ Amount? \_\_\_\_\_
- Fruits/Vegetables? Type? \_\_\_\_\_ Amount? \_\_\_\_\_
- Meat Type? \_\_\_\_\_ Amount? \_\_\_\_\_
- Freshly Killed  Frozen/Thawed  Live Prey
- Treats: Brand? \_\_\_\_\_ Amount? \_\_\_\_\_
- Other: \_\_\_\_\_

Do you use nutritional supplements?  YES  NO If yes, how often? \_\_\_\_\_

What water supply do you provide?  Tap water  Bottled water  River / Rain water

How is the water provided?  Bowl  Dripper  Spray

How often is the water given? \_\_\_\_\_ How often is it changed?  
\_\_\_\_\_

Do you use any water supplements?  YES  NO If yes, details? \_\_\_\_\_

Have you noticed any changes in feeding or drinking behavior? \_\_\_\_\_

Have you noticed any changes in droppings (fecal material, urine & urates)? Please give details \_\_\_\_\_

### Cage Environment

Where is the cage located?  Inside  outside Details: \_\_\_\_\_

What is the cage made of? \_\_\_\_\_ Cage Size: \_\_\_\_\_

What kind of bedding is used? \_\_\_\_\_

What decor & furnishings are present?  Nest box  Perches  Swings  Toys

Please give details: \_\_\_\_\_

Are bathing/spraying facilities provided?  NO  YES If yes, details \_\_\_\_\_

How often is the cage cleaned? \_\_\_\_\_ What disinfectants are used? \_\_\_\_\_

What % of time does your bird spend inside & outside of its cage? Inside \_\_\_\_\_ Outside \_\_\_\_\_

Is the animal supervised when out of the cage?  NO  YES If yes, details \_\_\_\_\_

Does your bird have regular exposure to sunlight?  NO  YES

What is the frequency and length of time exposed to the sunlight? \_\_\_\_\_

Is your bird exposed to full spectrum (UVA & UVB) lighting?  NO  YES, Brand? \_\_\_\_\_

What is your bird's light/dark cycle? \_\_\_\_\_

Does anyone in the household smoke?  NO  YES, Do you use aerosolized products?  NO  YES

Have there been changes in the bird's environment in the last 3 months?  NO  YES

If yes please give details \_\_\_\_\_