

Nippers Corner Pet Medical Center

Avian History Form

Information on Bird

Name: _____ Type of Bird: _____

Sex (if known): ___M ___F Age: _____

Where purchased: _____

Any way to identify bird: _____

Reason for visit: _____

Diet

Pellets (brand, amount fed daily): _____

Formulated diet (amount fed daily): _____

Seeds (type, amount fed daily): _____

Fruit, Vegetables, Other (amount fed daily): _____

Supplements or Vitamins (amount fed daily): _____

Housing

Age of cage and material it is made of: _____

Size: _____

Type of perches and food and water bowls in cage: _____

Toys or other things in cage: _____

Access to sunlight and duration in sunlight: _____

Using a Nature (broad spectrum) light: Y/N

Materials in bottom of cage: _____

Other Birds in Household or in the same cage: _____

Pertinent medical history including any known allergies and previous illnesses: _____

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Any previous laboratory work: _____
