

AVIAN HISTORY FORM

Client Name: _____ Patient Name: _____

Species: _____ Age: _____

Sex: _____ How was sex determined? _____

Has your bird ever laid eggs? _____ How often? _____

Where did you obtain your bird: _____

How long have you owned your bird: _____

Diet: (check appropriate boxes)

☐ Formulated Diet, % of diet? _____, Type: _____

☐ Seeds, % of diet? _____, Type: _____

☐ Fresh food, how often? _____

List: _____

Favorites: _____

Does your bird bathe? explain: _____

Is your bird flighted or wing clipped? _____

Water source: _____

Do you supplement with vitamins? _____ Type: _____

Cage: Size: _____ Type: _____

Location: _____

Is there a bottom grate? _____ Substrate: _____

Perches: How many? _____ Types: _____

How much time is spent out of the cage? _____

Is your bird supervised during this time? _____

Do you have a separate play or perching area? _____

If so, what type? _____

Type of toys: _____

List other species of pets: _____

If other birds, are they kept in the same area? _____

Has your bird been exposed to other birds & how/when? _____

Has your bird ever been ill? Describe: _____

Has your bird been tested for the following:

	Yes	No	Result
Chlamydiophila	<input type="checkbox"/>	<input type="checkbox"/>	_____
PBFD	<input type="checkbox"/>	<input type="checkbox"/>	_____
Polyoma	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pacheco's	<input type="checkbox"/>	<input type="checkbox"/>	_____
Giardia/Parasites	<input type="checkbox"/>	<input type="checkbox"/>	_____