

AVIAN HISTORY FORM

Owners' Name _____ Email _____

Address _____

City, State, Zip _____

Home phone _____ Cell Phone _____

Email _____

I was referred to you by _____

Bird's name _____ Species _____

Sex (circle one) M F Unknown

How was sex identified? Surgically _____ DNA _____ Other _____

Identification (show number): Microchip _____ Band _____

Age/Date of Hatch _____ Bird is a Pet ___ Breeder ___ Other ___

Source of Bird: Store _____ Private Party _____ Breeder _____

Other _____

Date Acquired _____ Wild Caught _____ Domesticated Bird _____

Has the bird been quarantined? Y/N Length of quarantine _____

Other birds kept in same quarantine _____

Did any birds become ill or die during quarantine? _____

Give details: _____

Present Environment

Bird is kept in a cage _____ aviary _____ free in house _____ wings trimmed _____

Other birds kept in the same cage or aviary: _____

List other birds on the premises: _____

Are any of those birds sick? _____ Have any died? _____

If yes give details _____

List other pets in the home or yard: _____

List toys available to the bird: _____

Does the bird play with its' toys? N Y Maybe Sometimes

What is uses on the bottom of the cage? _____ Can the bird reach it? N Y

Bird is kept outdoors _____ indoors _____ in separate room _____ with family _____

Frequency of cage cleaning: _____

Method/frequency of cleaning food/water receptacles: _____

How many hours of darkness/quiet does the bird have each day? _____

Diet Pelleted food (brand) _____ seeds _____ table foods _____

Combination _____ Other _____

What kind does the bird actually consume of the above?

Amount offered to bird each day _____ Amount bird eats each day _____

Recently added food or dietary changes? _____

How is water offered (bowl/bottle)? _____

Does the bird like bathing/showers? N Y In the house? N Y

Do you take this bird out frequently? N Y Sometimes

Is bird taken out around other birds? N Y Sometimes

What signs have you noticed regarding this bird, this incident? Circle all that apply

Diarrhea Blindness Vomiting Constipation Tail Bobbing

Breathing Difficulty Perching Difficulty Fainting Fluffed Feathers

Drooping or Injured Wings or Legs Eye/Nostril/Ear Bleeding or injury

Bitten by another bird or pet Feather Picking/Loss Skin Bleeding

Lameness Change in Personality Change in Vocalizations

Change in Stool Consistency Change in Appetite

Excessive Water Consumption Coughing or hoarseness Swelling

Other _____

Has the bird been seen by another veterinarian? Y N Don't Know

When/Why? _____

What tests has the bird been given? Circle all that apply

Psittacosis Psittacine beak and feather disease Polyomavirus

Pachecos Parasites General Bloodwork Other _____

List vaccines the bird has been given and the date:

Additional comments _____

Any specific questions you have for the doctor about this bird concerning diet, behavior, handling, bathing, etc....
