



Avian History Form

Owner's Name: _____ Bird's Name _____ Date: _____

1. Patient information

Species: _____ Date of hatch (if known) _____ Date acquired _____
Sex: () male () female () unknown. Method used to determine (e.g. blood test) _____
Source (e.g. pet store, breeder, previous owner) _____
Number of previous owners (other than breeder, store) _____
What states and countries has your bird lived in? _____

2. Environment

What room(s) is your bird kept in? _____
Describe the cage- type, size, perches, toys, other furnishings _____

What is on the bottom of the cage? _____
Are there are other birds in the house? () yes () no. If so, what types are they _____

List any other pets that you have _____
How much time does your bird spend outside of the cage? _____
Is your bird supervised when it is out of the cage? () at all times () sometimes () no
Do you cover the cage at night or move the bird to a night cage? _____
List recent changes in the environment, if any: _____

3. Exposure History

Has your bird been exposed to birds other than your own? () yes () no.
If yes, which of the following apply? () Boarding () Bird club/show () Outdoors () Wild bird
() Friends' birds, other birds: _____
Toxins
Does anyone in the house smoke? () yes () no
Is your bird exposed to kitchen vapors? () yes () no.
Does your bird chew on houseplants? () yes () no. _____
When was your house/apartment built? () 1978 or prior () after 1978
Does your bird chew on painted surfaces (such as walls or windowsills)? () yes () no
Dust
Is there an unusual amount of dust, or any construction near your home? () yes () no
Do you have air filtration? () yes () no
Please list any air fresheners, cleaning products, deodorizers, or insecticides that are used in the same room as your bird _____
Please list other possible toxins or irritants: _____

4. Diet

What percent of your bird's diet consists of the following (please describe what the bird actually eats, not what is offered). The total should add to 100%:
Bird pellets _____% brand(s): _____
Seed mixture _____%, types/brand(s): _____
Fruit/vegetables _____%, types: _____
People food _____%, types: _____
Other _____%, types: _____

Please bring this form with you on your next visit

Avian History Form – Pg 2

Treats: types, frequency: _____
Supplements: Multivitamin in ()water ()food. Brand, frequency: _____
Minerals: ()powder, ()cuttlebone, ()block, ()oyster shell. Is it eaten? ()yes ()no
Is grit offered? ()yes ()no
Water source _____
Please describe any recent additions/changes to your bird's diet _____

5. Vaccinations

Please list any vaccine(s) has your bird had and when they were given _____

6. Reproductive

Do you plan on breeding this bird? ()yes ()no ()possibly. If your bird has never laid eggs, skip to 7.
How many clutches of eggs has your bird laid? _____, or ()does your bird lay continuously?
When was the most recent egg? _____ Was the egg ()normal, ()thin shelled, ()misshapen
How many babies have been hatched from this bird?

7. Does your bird have any behavioral problems?

()Feather picking ()Screaming, ()Biting, ()aggression, ()Fear of people
()Other: _____

8. Previous Conditions, Problems, or Surgeries (list with date, if known) _____

9. Is your bird here for a: ()well-bird check up, or is he/she ()sick? If your bird is sick, please describe the signs and how long the bird has been showing these signs:

Is your bird eating normally? ()yes ()no (describe):

Have you used any medications from a pet store? (list):

Have you noticed any of the following: ()Weight loss? ()Weight gain?

()Sneezing? ()Discharge from the eyes or nose? ()Increased breathing rate or effort?

()Decreased ability to fly or exercise? ()A change in the voice? ()A change in the droppings?

()Abnormal feathers? ()Weakness in the legs or wings?

10. Has your bird been seen by another veterinarian for any of the current problems?

()yes ()no If yes, when? _____

Please list tests performed _____

Please list medications given _____

11. Is there anything else you would like done today? ()Nail trim ()Beak trim ()Wing trim

()I have questions about: _____

()Other: _____

If your bird is hospitalized, may we have permission to trim the wings? This will make medicating your bird less stressful – both in the hospital and at home. ()yes ()no Did you know that avocado ingestion and fumes from Teflon (and other non-stick surfaces) on cookware, self-cleaning ovens, or heaters can be fatally toxic to pet birds? Please ask us if you need help making your home bird-safe

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