



AVIAN HISTORY FORM

Pet's Name: _____ **Client:** _____ **Date:** _____

Species: **Parakeet (Budgie) / Cockatiel / Canary / Finch / Lovebird / African Grey /**
_____ **Amazon Parrot /** _____ **Cockatoo /** _____ **Macaw /**
_____ **Conure / Other:** _____

Is this your first bird? **Yes - No** Hatch date: _____ (Circle): **actual/estimate**

When acquired _____ Where from? _____

Form of identification? (Circle): **Tattoo / Microchip / Band / Other** _____ / **None**

Sex: **M-F-Unsure** How determined? (Circle): **DNA / Surgical / Laid Eggs / Dimorphic**

Please list other pets you have at home and if they have any current illness:

Environment

Approximate bird cage dimensions: H _____ x W _____ x L _____

Where is the cage located in the house? _____

What do you use on the bottom of the cage? _____

Describe the perches in the cage (different sizes, material type, location, etc.):

Describe other cage accessories (toys, mirrors, etc.): _____

Are there any other birds sharing this cage or in direct contact? **Yes - No**

Are there any smokers in the house? **Yes - No**

Does your bird spend time out of the cage? **Yes - No** How much? _____

Is your bird ever unsupervised outside of the cage? **Yes - No**

Under what circumstances? _____

Nutrition

Name _____

Diet Provided _____

What the bird actually eats: _____

Supplements provided: _____

Has your bird been eating normally? **Yes – No**

If not, describe _____

Medical History

Please list any current medical problems: _____

Current treatments or supplements: _____

Please list any previous medical problems: _____

Have you noticed changes in (Circle): **stool, appetite, thirst, mobility, vocalization?**

Describe _____

Have you noticed (Circle): **vomiting, tail bobbing, breathing difficulty, fluffed feathers, drooping wings, feather picking, perching problems?**

Describe when & duration: _____

Former Veterinary Visits: **Y - N**

Date of last visit _____

Doctor _____

Clinic _____

Phone _____

Records requested? **Y – N** Received? **Y – N**

Previous Lab Tests / Diagnostics: **Yes - No**

Date of Last Testing _____

Complete Blood Count O Chemistry Profile O Bile Acid O Culture O Gram Stain O

Psittacosis O Polyomavirus O Psittacine Beak and Feather Disease O

Other Tests _____ Abnormal Results _____

Results Requested? **Yes – No**

Sent to Clinic? **Yes – No**