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