

# Avian History Form

Date:

Referring DVM:

Admitting clinician:

Appt time:

Name of bird:

Species:

Age:

Pet Bird/Breeder:

## Background Information

Length of time owned:

Where acquired: Breeder

Pet store

Other

Vaccination history:

When was last molt?

Character of feces:

How often is the bird handled? Daily

Occasionally

Never

Is bird ever taken outside? No \_\_\_ Yes \_\_\_

## Husbandry

Housed indoors/outdoors?

Where is the cage located?

Type of caging:

Size of caging:

Galvanized? No

Yes

Cage substrate:

How often is the cage cleaned?

What type of disinfectant is used when cleaning the cage?

Types of toys/perches offered:

Any other birds? No

Yes

If yes, please specify:

Birds are housed: Together

Single

If not housed together, where are other birds located in regards to this bird?

Any new additions to the bird population? No

Yes

If yes, please specify:

Were new additions properly quarantined from rest of bird population?

Any other pets? No

Yes

If yes, please specify:

## Nutrition

Types of food offered:

Pellets? No

Yes

If yes, what brand?

Amount fed/frequency:

Seed? No

Yes

If yes, what type?

Amount fed/frequency:

Fruits? No

Yes

If yes, what types?

Amount fed/frequency:

Vegetables? No

Yes

If yes, what types?

Amount fed/frequency:

Types of supplements/treats offered:

Water source:

How often is water changed?

## Past medical history/problems:

## Current presenting problems: