

AVIAN HISTORY FORM

Pet Parent's Name
Preferred Title (Mr, Mrs, Ms, Dr etc.)
Spouse, Partner
Address
City, State, ZipCode
Home Phone Mobile Phone Work Phone
E-Mail

Your Bird's Name

Species

Bird's Age Color
Sex known?
When acquired Source
Was your bird tested for: (Circle) Chlamydia Beak and Feather Disease Polyoma
Previous illnesses, treatments, and veterinarians :
Have any birds been sick or died in the home? When? Species? Diagnosis?
Do You quarantine a bird before introducing to your other birds? How and for how long?
If female, has your bird laid eggs?
If so, how many does she lay per clutch?
How many clutches does she produce per year?

PRESENT ENVIRONMENT

Bird is Kept in: Cage Free in home Aviary Indoors Outdoors
Size and location of bird's enclosure:
Other bird's in the same cage or aviary? Yes No
List other birds on the premises , Past or present:
Are any of those birds ill? Yes No Have any died? Yes No If yes, give details
List other companion animals in the home or yard
List toys available to your bird Do you change them often?
Describe the cage furniture and perches Bringing a photo would be appreciated
What do you use on the bottom of the cage?
How often do you change the substrate?
Frequency of cage cleaning and products used:
Method and frequency of cleaning food and water receptacles
Are you familiar with foraging techniques for feeding your bird?
Sleeping habits: Hours of darkness Covered Uncovered In sleeping cage In regular cage
Any activity around the cage when your bird is sleeping (describe)
Exposure to UVB: Direct Sunlight (Not through glass) UVB bulb How many hours?
What is the current diet (Include brands of products Pellets Seeds
Fresh Foods (List) Others
How often is food replaced?
Do you ever visit a pet or bird store and handle birds?
Do you ever purchase unpackaged bird food from a bin in the pet or bird store?
How is your bird bathed? How often?
Note the quality and amount of time spent per day with the family members?
Has this changed in any way recently?
Is your bird handled frequently?
What are your bird's favorite vocalizations and most enjoyable activities with you, other family members and companion animals?
Exposure to other birds (old and new), toxins (cigarette smoke, Teflon, non-stick pans) or other animals?
Is your bird ever boarded outside the home?
How did you hear about our hospital? Reason for Visit