

AVIAN HISTORY FORM

Pet Parent's Name _____ Your Bird's Name _____ Species _____
Spouse, Partner _____
Address _____
City, State, ZipCode _____
Home Phone _____ Mobile Phone _____ Work Phone _____
E-Mail _____

Bird's Age _____
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? _____