

AVIAN HISTORY FORM

Date _____
Referring DVM _____
Appt Time _____
Name of Bird _____
Species _____ Age _____
Pet Bird/Breeder _____

Background Information

Length of time owned _____
Where did you acquire your bird? Pet store _____ Other _____
When was your bird's last molt? _____
Describe your bird's feces? _____
How often is your bird handled? _____
Does your bird ever go outside? If so how often? _____

Husbandry

Is your bird housed inside or outside? _____
What type of cage is your bird in? _____
What size is your bird's cage? _____
Is your bird's cage Galvanized? _____
How often, is your bird's cage cleaned? _____
What kind of substrate/cage lining is used? _____
What kind of disinfectant is used when cleaning the cage? _____
What kind of toys and perches are offered? _____
Are there any other birds in the same environment? _____
If so, are there any new birds to the environment? _____
Caged together? _____ Separately? _____
If not housed together, where are other birds located in regards to this bird?

Nutrition

Type of food offered?
Pellets? Type _____ Amount _____ How often _____
Seeds? Type _____ Amount _____ How often _____
Fruits? Type _____ Amount _____ How often _____
Veggies? Type _____ Amount _____ How often _____
Treats? Type _____ Amount _____ How often _____
Supplements? _____
Water source? _____
How often is water changed? _____

Any past medical history/problems:

Current presenting problems: