

# Avian History Form

## **General History:**

Birds Name: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ U \_\_\_

How was bird sexed?: Blood Test \_\_\_\_\_ Surgical \_\_\_\_\_

Does the bird have any specific identification? (i.e., tattoo, band, microchip): \_\_\_\_\_

If bird is a female, has she produced eggs in the past? (If yes, please describe): \_\_\_\_\_

Bird is a: Pet \_\_\_\_\_ Breeder \_\_\_\_\_

How was the bird acquired?: Store \_\_\_\_\_ Breeder \_\_\_\_\_ Other (describe): \_\_\_\_\_

Date acquired?: \_\_\_\_\_

Are there any other pets in the house?: Y \_\_\_ N \_\_\_

If yes, please specify, including ages and when acquired: \_\_\_\_\_

## **Housing**

Is the bird kept: Indoors \_\_\_ Outdoors \_\_\_ Both (If both, specify percentage of time in each place) \_\_\_\_\_

How is the bird housed?: Cage \_\_\_ Aviary \_\_\_ Free in the House \_\_\_ Other(Please specify) \_\_\_\_\_

If the bird is caged, what type of cage?: \_\_\_\_\_

What material(s) is used on the bottom of the cage?: \_\_\_\_\_

Is the bird housed alone?: Y \_\_\_ N \_\_\_

How often is the cage changed?: \_\_\_\_\_

List the method/frequency of cleaning food and water dishes: \_\_\_\_\_

Are any toys kept in the cage?: Y \_\_\_ N \_\_\_ If yes, please describe: \_\_\_\_\_

Has the bird's environment changed recently?: Y \_\_\_ N \_\_\_ If yes, describe: \_\_\_\_\_

At night, is the bird covered? Y \_\_\_ N \_\_\_

How many hours of darkness does the bird have each day?: \_\_\_\_\_

## **Diet**

What foods are offered to the bird and in what total percentages? (i.e. 50% seed, 50% fruit)  
\_\_\_\_\_

What percentages of these foods are removed from the cage at night? \_\_\_\_\_

Are any supplements offered? Y \_\_\_ N \_\_\_ What type? \_\_\_\_\_ How Often? \_\_\_\_\_

Are any treats offered? Y \_\_\_ N \_\_\_ What type? \_\_\_\_\_ How Often? \_\_\_\_\_

Has there been any recent change in diet? Y \_\_\_ N \_\_\_ If yes, please describe: \_\_\_\_\_

How is water offered? (i.e. bowl, sipper bottle) \_\_\_\_\_

## **Reason for Today's Visit**

What signs have you noticed that prompted today's visit?: \_\_\_\_\_

How long have you been seeing these signs?: \_\_\_\_\_

Has this bird been sick previously?: Y \_\_\_ N \_\_\_ Please describe: \_\_\_\_\_

Has this bird ever been seen by another veterinarian?: Y \_\_\_ N \_\_\_ If yes, when/why: \_\_\_\_\_

Have any tests been performed by another veterinarian on this bird?: Please circle all that apply below

Psittacosis    CBC    Psittacine beak & feather Disease    Polyomavirus    Parasites

Other (please describe): \_\_\_\_\_