



Avian History Form

Office Use Only: Admitting Clinician: _____ Appointment Time _____ Date _____
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Name of Bird: _____

Species: _____ Age: _____ Sex: _____ Pet Bird: Breeder

Background Information

Length of time owned bird: _____ Where acquired? Breeder Pet Store Other _____

Vaccine History: _____ When was last molt? _____

Character of feces: _____ Is the bird taken outside? Yes No

How often is the bird handled? Daily Occasionally Never

Husbandry

Housed Indoors Outdoors Where is the cage located? _____

Type of cage: _____ Size of cage: _____ Galvanized: Yes No

Cage Substrate: _____ How often is cage cleaned? _____

What type of disinfectant used when cleaning the cage? _____

Type of toys or perches offered? _____

Nutrition:

Type of food offered

Pellets: Yes No If yes, what Brand: _____ Amount fed/frequency: _____

Seed: Yes No If yes, what Brand: _____ Amount fed/frequency: _____

Fruits: Yes No If yes, what types: _____ Amount fed/frequency: _____

Vegetables: Yes No If yes, what types: _____ Amount fed/frequency: _____

Types of Supplements/Treats offered? _____

Water source _____ How often is it changed? _____

Any other pets? Yes No If yes, specify: _____

Any other birds? Yes No If yes, what types: _____

Are birds housed together or singly? _____

If not housed together, where are the other birds located? _____

Any new additions to the bird population? Yes No If yes, please specify: _____

*** Were the new additions properly quarantined separate from of rest of the bird population? Yes No

Past Medical History/ Problems:

Current Presenting Problem:
