

AVIAN HISTORY FORM

Name: _____ Date: _____
Pet's Name: _____ Species: _____

How long have you owned your bird? _____

Age of bird (if known)? _____

Do you know the sex of your bird? _____

Has your bird been sexed using chromosomal analysis (blood or feather test)? _____

If female, has your bird ever laid eggs? ____ If so, how many and how often? _____

Where did you obtain the bird? _____

If there was a previous owner, how long was the bird with that owner? _____

Describe the bird's cage: _____

Describe perches (number, size, material): _____

List anything else put in the cage (treats, toys, supplements, mite protector, etc.): _____

Where is the cage located? _____

Any windows near the cage? _____

Any air conditioner or heating vent near cage? _____

What type of heating system is in your home? _____

Do you have any humidifiers? _____

How much time does the bird spend out of the cage? _____

Supervised? _____

Grooming: Do you clip the bird's wings? _____

Do the nails require trimming? If so, how often? _____

Does the beak require trimming or filing? If so, how often? _____

Do you give the bird baths or showers? _____

Do you ever apply anything other than water to the feathers or skin? _____

Diet: which of the following do you feed?

Seed? % of diet? _____ Type: _____

Pellets? % of diet? _____ Type: _____

Fresh foods? How often? _____ Types: _____

Vegetables? How often? _____ Types: _____

Fruits? How often: _____ Types: _____

Meats? How often: _____ Types: _____

Bread, rice, pasta, potatoes? How often? _____ Please specify: _____

Other? Please specify: _____

Source of drinking water: tap water bottled water

What are your bird's preferred food items? _____

Do you use a vitamin or mineral supplement? _____

Type? _____

In water or on seed ? How often? _____ Amount? _____

When did the bird last molt? _____ How often does it molt? _____

Is your bird around other birds? ____ If yes, how frequently and for how long? _____

Are any of these birds ill? _____

Has your bird been exposed to any new birds in the last 3 months? _____

Has it been boarded recently? _____

Do you have any other pets? _____

Are any of them ill? _____

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Have you obtained any new birds in the last 6 months? _____
When? _____
Obtained from where?(breeder, pet store, aviary) _____
Is your bird exposed to cigarette smoke, fumes or aerosols? _____

If your bird is ill, please answer the following questions:

How long has the bird been ill? _____
Did the bird suddenly become ill, or has the illness come on gradually? _____
What signs have you noticed? _____
Any sneezing, coughing, recurring diarrhea, other? _____
Is the bird acting differently? _____
Is the bird eating any food? _____
Is the bird drinking water? _____
Have you changed brand or type of food, or introduced a new food item recently? _____

Are the droppings different than normal? _____
If so, please describe them: _____
Is your bird making its normal sounds? _____
If not, please describe the change(s): _____
If the bird spends time out of the cage, does it chew on furniture, any objects, or paint? _____
Please specify: _____
Does it have access to any plants? _____

Are any other pets or any humans in your household ill? _____
Have you given the bird any medications? _____
If yes, please list type and for how many days: _____
Have you seen another veterinarian for this problem? _____
If so, whom did you see? _____
Please describe treatment recommendations and list all medications: _____
