

AVIAN HISTORY FORM



ANIMAL DETAILS

Avian name or identification _____

Common or scientific species name: _____

Date of birth: _____ Age: _____

Sex M F unknown Determined by : DNA endoscopy visual other: _____

Origin: captive bred wild caught import unknown

How long have you had this bird? _____

From where did you obtain this bird? _____

Does this bird have a reproductive history? N Y ; please give details: _____

When did your bird last molt? _____ How often has your bird been molting? _____

Is your bird vaccinated? N Y ; please give details: _____

Does your bird get wing trimmed? N Y ; please give details: _____

Do you have other birds or pets? N Y ; please give details: _____

Have you or your bird had any contact with other birds in the last 30 days? N Y; please give details:

When was the last bird added to your collection? _____

REASON FOR PRESENTATION TODAY

What is the primary complaint or what signs have you noticed? How long have these problems been present? _____

What health problems has your bird had previously? _____

Has your bird received any treatment in the last 30 days? N Y, If yes, please give details (what was used, dosage, how often, duration):

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Have you noticed any change in your bird's behavior? N Y ; please give details:

Have any other animals or persons in the household had any illness in the last 30 days? _____

DIET

How often do you feed your animal? _____

Indicate which foods are eaten and in what amounts (by number, weight, or approx. volume):

Seed mixtures: Brand? _____ Amount? _____

Pellets: Brand? _____ Amount? _____

Fruits and/or vegetables: Type? _____ Amount? _____

Meat (type and amount): _____ Freshly killed Frozen/thawed Live prey

Treats: Brand? _____ Amount? _____

Other: _____

Do you use any nutritional supplements? N Y ; please give details: _____

Have you noticed any changes in feeding or drinking behavior? Please give details; _____

Have you noticed any changes in droppings (fecal material, urine and urates)? Please give details:

CAGE ENVIRONMENT

Where is the cage located? Inside outside , please give details: _____

What is the cage made of? _____ Cage size: _____

What kind of bedding is used? _____

What décor and furnishings are present? Nest box perches swings toys other: _____

Please give details: _____

Are bathing/spraying facilities provided? N Y ; please give details: _____

How often is the cage cleaned? _____ What cleaning/disinfectant agents are used? _____

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What percentage of time does your bird spend inside and outside of its cage? Inside _____ Outside _____

Is the animal supervised when out of the cage? N Y ; please give details: _____

Does your bird have regular exposure to sunlight? N Y ; Frequency and length of time _____

Is your bird exposed to full spectrum (UVA and UVB) lighting? N Y ; Brand? _____

What is your bird's light/dark cycle? _____

Does anyone in the household smoke? N Y Do you use any aerosolized products? N Y

Do you have non-stick cookware? N Y Is your bird exposed to kitchen fumes? N Y

Have there been changes in the bird's environment in the last 3 months? N Y ; please give details

Is there anything else you would like done today?

___ Nail trim

___ Wing Trim

___ Beak Trim

___ Have questions about: _____

___ Other: _____