



Avian History

Dr. Andrew Bean



Room #

Staff use only

Date: _____

Why have you brought your pet to be seen today? _____

Length of problem: _____

Any previous medical problems? no yes _____

Any medical treatments in the last 30 days? no yes _____

When was this bird's last visit to a veterinarian? _____ Reason? _____

Have you noticed any behavioral changes in your pet? no yes _____

Have you noticed any changes in eating or drinking behavior? no yes _____

Have you notices any changes in the consistency of droppings? no yes _____

When did your bird last molt? _____

Vaccine history: _____

Other: _____

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Date completed: _____

How long have you owned this bird? _____ Origin: captive bred wild-caught unknown _____

Where did you get this bird? _____ What year was your home constructed? _____

Has your bird's sex been determined? no yes How? _____ Is your bird spayed or neutered? no yes

Please list all other types of pets in the home; place a star (*) by any of these pets that have contact with this bird. _____

Was a quarantine period performed for this pet? no yes For how long? _____

Have you or this bird had any other contact with other birds in the last 90 days? no yes _____

Are there any residents of the home know to have compromised immune systems (i.e. children < 5 years, elderly persons, HIV/AIDS patients, cancer patients)? no yes

Have any other animals or persons in the home been sick within the last 30 days? no yes _____

Exposure to any smoke, aerosols, scented products (candles, diffusers)? no yes Use of nonstick cookware? no yes

How frequently is your bird handled? _____ Does this bird ever go outside? _____

Cage dimensions & materials: _____ Galvanized? no yes

Substrate used on the cage bottom? _____ Location of the cage in the home or on the property? _____

Cage décor: _____ Types of perches: _____

Types of toys: _____ How frequently are toys changed out? _____

How often is the cage cleaned? _____ Disinfectant/cleaner types? _____

Any changes to the environment in the last three months? no yes _____

What is your bird's source of water? _____ How often is it changed/cleaned? _____

Types of feed offered:

Pellets: brand _____ amount/frequency _____

Seeds: brand _____ amount/frequency _____

Fruits: type _____ amount/frequency _____

Vegetables: type _____ amount/frequency _____

Other: _____ amount/frequency _____

What nutritional supplements are provided? _____ amount/frequency _____

What does your pet prefer to eat from the above? _____

Supplemental heat source(s) and wattage: ceramic/infrared bulb, power = _____ Watts spot light/bulb, power = _____ Watts

Can the pet touch or directly access the heat source? no yes _____

Supplemental lighting? no yes, lightbulb yes, florescent strip Model/manufacturer? _____

Date last replaced? _____ Is it screened? no yes _____

Can the pet touch or directly access it? no yes How many hours of light are provided per day? _____

What is the humidity in the cage? _____ How is this measured? _____

Temperature in the cage? _____ How is this measured? _____

How many hours per day does your bird spend OUT of the cage? _____ supervised unsupervised