Passionate Care. Meaningful Relationships.

Avian History

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: ___________________________________________________________________________

_____________________________________________________________________
_____________________________________________________________________

RR    Kg    g    Time    Initials

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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, light bulb  ☐ 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? ☐ no  ☐ yes  How much 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