



## Avian History Form

Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

### 1. Patient Information

Species: \_\_\_\_\_

Gender: \_\_\_\_\_ Method used to determine: \_\_\_\_\_

Date of hatch (if known): \_\_\_\_\_ Date acquired: \_\_\_\_\_

Source (i.e. pet store, breeder, previous owner, etc.): \_\_\_\_\_

Number of previous owners (other than breeder, store): \_\_\_\_\_

What states and countries has your bird lived in? \_\_\_\_\_

### 2. Environment

What room(s) is your bird kept in? \_\_\_\_\_

Describe the cage (i.e. type, size, perches, toys, coverings, furnishing): \_\_\_\_\_

What is on the bottom of the cage/litter pan? \_\_\_\_\_

Are there other birds in the house? Y N If so, what types are they and when were they acquired: \_\_\_\_\_

List any other pets that you have: \_\_\_\_\_

Do you regulate the temperature near the cage? Y N If so, what temperature? \_\_\_\_\_

How much time does your bird spend outside the cage? \_\_\_\_\_

Is your bird supervised when it is out of the cage? \_\_\_ at all times \_\_\_ sometimes \_\_\_ no

Does your bird chew on walls, furniture or other household objects: Y N What? \_\_\_\_\_

How many hours of undisturbed sleep does your bird receive daily? \_\_\_\_\_

Describe the recent changes in the environment, if any: \_\_\_\_\_

### 3. Exposure History

Has your bird been exposed to any birds other than your own (please check all that apply)?

\_\_\_ Boarding - when, where? \_\_\_\_\_

\_\_\_ Bird clubs, shows, etc. - when, where? \_\_\_\_\_

\_\_\_ Has your bird been outside or has a wild bird been in your home? When? \_\_\_\_\_

\_\_\_ Friends' birds, other birds? \_\_\_\_\_

## Toxins

Does anyone in the house smoke? Y N

Is your bird exposed to kitchen fumes? Y N

Do you have non-stick cookware? Y N

Does your bird chew on house plants? Y N

When was your house/apartment built? \_\_\_\_ during or before 1978 \_\_\_\_ after 1978

Does your bird chew on painted surface such as walls or windowsills? Y N

**Dust:** Is there an unusual amount of dust or any construction near your home? Y N

Do you have air filtration? Y N

Please list any air fresheners, cleaning products, deodorizers or insecticides that are used in the same room as your bird:

Please list other possible toxins or irritants: \_\_\_\_\_

## 4. Diet

What percent of your bird's diet consists of the following (please describe what the bird actually eats):

Bird pellets: \_\_\_\_% brand(s): \_\_\_\_\_

Seed mixture: \_\_\_\_% types/brand(s): \_\_\_\_\_

Table food: \_\_\_\_% types: \_\_\_\_\_

Other: \_\_\_\_% types: \_\_\_\_\_

How often do you change your bird's food? \_\_\_\_\_

**Treats:** types and frequency: \_\_\_\_\_

## Supplements:

Multi-vitamin in: \_\_\_\_ water \_\_\_\_ food Brand, frequency: \_\_\_\_\_

Minerals: \_\_\_\_ powder \_\_\_\_ cuttlebone \_\_\_\_ block \_\_\_\_ oyster shell is it eaten? Y N

Is grit offered? Y N

**Water source:** \_\_\_\_\_

Please describe any recent additions/changes to your bird's diet: \_\_\_\_\_

## 5. Reproductive

Do you plan on breeding this bird? Y N Possibly

How many clutches of eggs has your bird laid? \_\_\_\_\_ or does your bird lay continuously? \_\_\_\_\_

When was the most recent egg? \_\_\_\_\_ was the egg: \_\_\_\_ normal \_\_\_\_ thin-shelled \_\_\_\_ misshapen

How many babies have been hatched from this bird? \_\_\_\_\_ Where they healthy? Y N

Describe any past reproductive problems or problems with offspring: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**6. Does your bird have any behavioral problems (check all that applies; please provides approximate date of onset)**

- Feather picking: \_\_\_\_\_
- Screaming: \_\_\_\_\_
- Biting, aggression: \_\_\_\_\_
- Fear of other people: \_\_\_\_\_
- Other: \_\_\_\_\_

**7. Previous conditions, problems or operations (list with dates, if known):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**8. Is your bird here for a well-bird checkup or because it is sick?** \_\_\_\_\_

If your bird is sick, please describe the signs and how long the bird has been showing these signs:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**9. Has your bird been seen by another Veterinarian for any of the current problems?**    Y    N

If yes, when? \_\_\_\_\_

Please list tests performed: \_\_\_\_\_

Please list medications given: \_\_\_\_\_

**10. Is there anything else you would like done today?**

Nail trim:    Y    N

Beak trim:    Y    N

Wing trim:    Y    N

Other:        Y    N    Describe: \_\_\_\_\_

I have questions about: \_\_\_\_\_

\_\_\_\_\_

**11. Other**

If your bird is hospitalized, may we have permission to trim the wings, which will make medicating your bird less stressful, both in the hospital and at home?    Y    N

**Did you know that avocado ingestion and fumes from Teflon (and other non-stick surfaces) on cookware; self- cleaning ovens or heaters can be fatally toxic to pet birds?**

**Please ask us if you need help making your home bird-safe.**