



AVIAN HISTORY FORM

(Please print)

Today's date: _____

Instructions: An accurate history of your pet and their environment is extremely important. We would appreciate your cooperation in providing us with the following information. Please check the appropriate boxes or use the spaces provided. Thank you.

1. Patient information

Species: _____

Gender: male female unknown

If gender is known, how was it determined? _____

If female, answer questions a-c, otherwise skip to next:

a) How many clutches of eggs has your bird laid or does she lay continuously? _____

b) When was the most recent egg? _____

Was the egg normal? _____

If no, what was abnormal? _____

c) Have you ever bred or do you plan to breed this bird? _____

If previously bred, how many babies were hatched in the last clutch? _____

Any reproductive problems with this bird or any problems with her offspring (if yes, please describe)? _____

Date of hatch? _____ OR Estimated age? _____

Wild caught or hand raised? _____

Date acquired? _____ Source (pet store, breeder, etc)? _____

2. Environment

What room(s) is your bird kept in? _____

Are there any other birds/pets in the household? What type? _____

Describe the cage (type, size, perches, toys, etc): _____

What is on the bottom of the cage? _____

Do you regulate the temperature near the cage? _____

If so, how and at what temperature range? _____

How much time does your bird spend outside of their cage? _____

Is your bird supervised when out of the cage? At all times Sometimes No

Any recent changes to your bird's environment (if yes, please describe)? _____

3. Exposure History

Has your bird been exposed to any other birds other than your own? _____

If yes, when and where: _____

Has your bird had any exposure to the following: Cigarette smoke Kitchen fumes Non-stick cookware
 Chewing on houseplants Chewing on walls/furniture Unusual amount of dust or nearby construction

Do you have air filtration? Yes No

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

Please list other possible toxins or irritants: _____

4. Diet/Medications

For this bird, please list the amount fed/given and at what frequency for the following:

Bird Pellets (include brand, if known)? _____

Seed Mixture (include brand, if known)? _____

Table Food (include what types)? _____

Other (please describe)? _____

How often is your bird's food changed? _____

Treats - Types, frequency: _____

Supplements (vitamins, minerals, grit) - Types, frequency: _____

How is water supplied to your bird? _____

Any recent additions or changes (if yes, please describe)? _____
