

Avian Patient History Form

Date: _____

Owner Name: _____ Pet Name: _____

Species: _____ Color: _____ Age: _____

How long have you had this pet? _____ From Where did you obtain this pet? _____

Sex: M ___ F ___ Unknown ___ Determined by: DNA Sexing ___ Endoscopy ___ Visually dimorphic ___ Other ___

Does this pet have a reproductive history (egg laying, etc)? Y___ N___; If Y, please give details: _____

Does your pet have a microchip? Yes ___ No ___ if Yes # _____

When was our last molt? _____ How often does your pet molt? _____

Is your bird flighted? Y___ N___; If N, how do you like wings trimmed if already trimmed? _____

Have you or your bird come in contact with another bird in the last 30 days? Y___ N___; if Y, please give details:

When was the last time you added another bird to your collection? _____

Do you have any other pets at home? _____

Diet

How often do you feed your bird? _____

Indicate which foods are eaten and in what amounts:

___ Seeds: Type? _____ Amount? _____

___ Pellets: Type? _____ Amount? _____

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

___ Other food items: Type? _____ Amount? _____

Do you offer Vitamins and/or supplements? Y___ N___; Please give details: _____

Any recently added food or dietary changes? Y___ N___; Please give details: _____

What water supply do you provide? Tap__ Well__ Bottled__ Other__ How often is it changed? _____

How is water provided? Bowl __ Bath__ Other__ How often is it available? _____

Do you offer any water supplements? Y__ N__; If Y, please give details: _____

Have you noticed any changes in eating 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: _____

Do we have free range of the house? Y__ N__; If Y, please give details of access/area: _____

Is time outside the cage supervised? Y__ N__; If N, please give details: _____

What is the cage made of? _____ Cage Dimensions? _____

What type of cage liner do you use? _____ How often is it changed? _____

What lighting is used? Natural__ Incondecnt__ UVB__; How long are the hours on __ and off __?

Does your bird have exposure to sunlight outside? Y__ N__; If Y, please give details: _____

Are there any sources of heat? Y__ N__; If Y, please give details: _____

What is the humidity the bird is exposed to? _____

What type of perches are present? _____

What décor is or furnishings are present? Hide/nest__ Toys__ Other__

Please give details: _____

Does your bird have access to a bath or shower? Y__ N__; If Y, please give details: _____

Have there been any changes in the environment in the last 3 months? Y__ N__; if Y, please give details:

Are there any air vents or open windows in the same room as the bird? Y__ N__; if Y, please give details:

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 pet had previously?

Has your pet received any treatment in the last 30 days Y___ N___; If Y, please give details (what was used, dosage, how often, duration)

Has your pet been seen by another veterinarian? Y___ N___; If Y, please provide details:

Have you noticed any change in your pet's behavior? Y___ N___; If Y, please provide details:

Have any birds in the house become sick or passed in the last year?

Are you wanting a wing trim, nail trim, or beak trim today? Y__ N__; If Y, please provide details:
