

AVIAN HISTORY FORM

Name: _____ Date: _____

Pet's Name: _____ Type of Bird: _____

How long have you owned your bird? _____ Age of bird _____

Do you know the sex of your bird? MALE FEMALE Has your bird been sexed using chromosomal analysis? YES NO

If female, has your bird ever laid eggs? YES NO If Yes, how many and how often _____

Where did you obtain the bird? _____

If there was a previous owner, how long was the bird with that owner? _____

Describe the bird's cage: _____

Where is the cage located? _____ Any windows nearby? YES NO Is the room air conditioned YES NO

How much time does the bird spend out of the cage? _____ Supervised? YES, ALWAYS NO SOMETIMES

Do you clip the bird's wings? YES NO Do the nails require trimming? YES NO If so, how often _____

Does the beak require trimming or filing? YES NO If so, how often _____

Do you give the bird baths or showers? YES NO Do you ever apply anything other than water to the feathers or skin? _____

Diet: Which of the following do you feed?

Seed? % of diet? _____ % Type: _____ Pellets? % of diet? _____ % Type _____

Vegetables? How often? _____ Types: _____ Fruits? How often? _____ Types: _____

Meats? How often? _____ Types: _____ Bread/Rice/Pasta/Potatoes? How often? _____

Dairy Products? How often? _____ Please specify: _____

Other? Please specify: _____

Source of drinking water: Tap water Tank water Bottled water Boiled water

Do you use a vitamin or mineral supplement? YES NO Type? _____ In water? On seed How often? _____

When did the bird last molt? _____ How often does it molt? _____

Is your bird around other birds? YES NO If yes, how frequently and for how long? _____

Are any of these birds ill? YES NO Has your bird been exposed recently to any new birds? YES NO

Is your bird exposed to: a. Cigarette smoke YES NO b. Mosquito Destroyer smoke YES NO c. Cooking Gas fumes YES NO

IF YOUR BIRD IS ILL, PLEASE ANSWER THE FOLLOWING QUESTIONS:

How long has the bird been ill? _____

Did the bird suddenly become ill, or has the illness come on gradually? _____

What signs have you noticed? _____

Is the bird eating any food? YES NO VERY LITTLE Is the bird drinking water? YES NO VERY LITTLE

Are the droppings different from normal? YES NO If yes, describe them: _____

Is your bird making its normal sounds? YES NO If no, please describe the change(s): _____

If the bird spends time out of the cage, does it chew on furniture, any objects, or paint? ALWAYS IN CAGE YES NO

Please specify: _____ Does it have access to plants? YES NO

Are any other pets or any humans in your household ill? YES NO If yes, specify: _____

Have you used any insecticidal sprays recently? YES NO If yes, specify: _____

Have you given the bird any medications? YES NO If yes, please list type and for how many days: _____

Have you seen another veterinarian for this problem? YES NO If so, whom did you see? _____

Please describe the other veterinarian's treatment recommendations and prescribed medications: _____