

AVIAN HISTORY FORM

PATIENT BLUE CARD STAMP

A detailed history is essential to provide the most appropriate veterinary care for your animal. Please complete this form as accurately as possible. If there is anything you are unsure about you can discuss it in more depth with the veterinary staff during your appointment.

ANIMAL DETAILS

Avian name or identification: _____

Common or scientific species name: _____

Date of birth: _____ Age: _____

Sex: M F neutered/spayed unknown Determined by: DNA endoscopy visual other: _____

Origin: captive bred wild caught import unknown

How long have you had this bird? _____

From where did you obtain this bird? _____

Does this bird have a reproductive history? N Y ; please give details _____

When did your bird last molt? _____ How often has your bird been molting? _____

Is your bird vaccinated? N Y ; please give details: _____

Does your bird get wing trimmed? N Y ; if yes, please give details _____

Do you have other birds or pets? N Y ; please give details: _____

Have you or your bird had any contact with other birds in the last 30 days? N Y ; please give details: _____

When was the last bird added to your collection? _____

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 bird had previously? _____

Has your bird received any treatment in the last 30 days? N Y . If yes, please give details (what was used, dosage, how often, duration): _____

Have you noticed any change in your bird's behavior? N Y ; please give details _____

Have any other animals or persons in the household had any illness in the last 30 days? _____

DIET

How often do you feed your animal? _____.

Indicate which foods are eaten and in what amounts (by number, weight, or approx. volume):

Seed mixtures: Brand? _____ Amount? _____.

Pellets: Brand? _____ Amount? _____.

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

Meat (type and amount); _____ Freshly killed Frozen/thawed Live prey

Treats: Brand? _____ Amount? _____.

Other: _____.

Do you use any nutritional supplements? N Y , if yes what, how much, and how often; _____.

What water supply do you provide? tap water bottled water rain/river water

How is water provided? bowl dripper system spray , how often; _____.

How often is the water changed? _____.

Do you use any water supplements? N Y , please give details; _____.

Have you noticed any changes in feeding 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; _____.

What is the cage made of? _____ Cage size: _____.

What kind of bedding is used? _____.

What décor and furnishings are present? nest box perches swings toys other: _____;

please give details; _____.

Are bathing/spraying facilities provided? N Y , please give details; _____.

How often is the cage cleaned? _____ What cleaning/disinfectant agents are used? _____.

What percentage of time does your bird spend inside and outside of its cage? Inside _____ Outside _____.

Is the animal supervised when out of the cage? N Y , please give details; _____.

Does your bird have regular exposure to sunlight? N Y Frequency and length of time _____.

Is your bird exposed to full spectrum (UVA and UVB) lighting? N Y Brand? _____.

What is your bird's light/dark cycle? _____.

Does anyone in the household smoke? N Y Do you use any aerosolized products? N Y

Have there been changes in the bird's environment in the last 3 months? N Y , please give details _____.