

AVIAN HISTORY FORM Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Bird's Name: \_\_\_\_\_ Species: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ Unknown \_\_\_

Source of bird: Pet Store \_\_\_; Breeder \_\_\_; Other (describe) \_\_\_\_\_

Date Acquired: \_\_\_\_\_

Is the bird allowed out of the cage? \_\_\_\_\_

Other birds in the same cage or aviary: \_\_\_\_\_

List other birds on the premises: \_\_\_\_\_

Any sick or dead birds in the house in the last year: \_\_\_\_\_

List other pets in the home or yard: \_\_\_\_\_

List toys available to the bird: \_\_\_\_\_

What do you use on the bottom of the cage? \_\_\_\_\_ Can the bird reach it? \_\_\_\_\_

Frequency of cage cleaning: \_\_\_\_\_ Method \_\_\_\_\_

Method/frequency of cleaning food and water dishes: \_\_\_\_\_

How many hours of darkness does the bird have each day? \_\_\_\_\_

What does your bird eat and where do you buy it? \_\_\_\_\_

\_\_\_\_\_ What percentage of that food is consumed? \_\_\_\_\_

Recently added food or dietary changes: \_\_\_\_\_

Has the bird ever been sick before? \_\_\_\_\_

Has the bird been seen by any other veterinarian? \_\_\_\_\_ When/Why? \_\_\_\_\_

What signs have you noticed regarding this bird, this incident? (Circle all that apply):

diarrhea; vomiting; breathing difficulty; tail bobbing; perching difficulty; fluffed feathers; drooping or

injured wings or legs; eye / nostril bleeding or injury; feather picking or feather loss; skin  
bleeding;

change lameness; change in personality; change in vocalizations; change in stool consistency;

change

in appetite; excessive water consumption; sneezing; coughing

Describe any

other: \_\_\_\_\_

comments: \_\_\_\_\_

Additional