

Avian History Form

Client: _____ **Date:** _____

Pet's name: _____ **Species:** _____

Date of birth: _____ **How long have you had your bird:** _____

Sex: M F Unknown **How determined:** DNA / Surgical / Laid Eggs / Dimorphic **Where did you obtain your bird?** _____

Form of identification (circle): Tattoo – Microchip – Band – None – Other

Environment:

• What type of cage does your bird have?

• What are the dimensions? H _____ x W _____ x L _____

• Where in the house is the cage located?

• Briefly describe your bird's cage (type and number of perches, food/water bowls, toys, substrate)

• Does your bird spend time out of the cage? Yes – No If so, how much and where?

• Are there any other birds sharing the cage or in direct contact? Yes – No

• How often is the cage cleaned?

Diet:

• What kind of food do you feed your bird? Pellets (brand)

Seed mix (brand) _____ Fruits

Veggies _____ Treats

Other _____

• Please fill in the percent of the total diet in each category **that your pet actually eats:**

Seeds	Vegetables	Fruits	Nuts	Dairy/Meat	Pellets	Bread/Grains	Other	Total
=100%								

Medical History

- Please list any previous medical problems:

- Has your bird ever been tested for Psittacosis, Polyomavirus, or Psittacine Beak and Feather Disease? Yes – No If so, where?

- Has your bird been recently exposed to other birds? (new bird, boarding) Yes – No
- Is your bird groomed regularly? Wings – Beak – Nails – None
- Who does the grooming? Self – Other

- Do you bathe your bird (spray bottle, bath/shower)? Yes – No
- If so, how often?

- Does your bird have a full spectrum (UVB) light? Yes – No Brand

- Have there been any changes in the bird's environment?

- Does your bird have any behavior problems?

- Are there any smokers in the house? Yes – No
- Have there been any changes in your bird's droppings? (number, color, consistency)

- Have you noticed (circle): **decreased appetite, increased appetite, anorexia, weight loss, vomiting/regurgitation, difficulty breathing, tail bobbing, lethargy, fluffed feathers, diarrhea, feather picking, nasal or eye discharge**

Describe:

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