

Client No. _____

AVIAN HISTORY FORM



This information will become a permanent part of your bird's medical record. Please take time to complete it as carefully as possible. THANK YOU!!

Owner's Name _____ Date _____

Bird's Name _____ Species _____

- 1) How long have you had this bird? _____
- 2) From what source did you acquire it? _____ Pet Shop _____ Breeder _____ Other _____
- 3) What do you feed your bird? (Please be specific) _____
Seeds _____ % of diet
Vegetables _____ % of diet
Fruit _____ % of diet
Pelleted Food _____ % of diet
- 4) Do you give any supplements? _____ No _____ Yes
If yes, what kind/brand of supplements? _____
- 5) Does your bird appear to have any problems? _____ No _____ Yes
If yes, what symptoms have you noticed? _____
- 6) Has your bird had any previous illnesses? _____ No _____ Yes
If yes, please list them: _____
- 7) Has your bird received any medication(s) recently? _____ No _____ Yes
If yes, please list them: _____
- 8) Have there been any recent changes in the bird's environment? _____ No _____ Yes
If yes, please explain: _____
- 9) Has your bird's appetite changed in any way? _____ No _____ Yes
If yes, please explain: _____
- 10) Has there been any change in the color or consistency of the bird's droppings? _____ No _____ Yes
- 11) Have you noticed any signs of breathing problems? _____ No _____ Yes
- 12) Have you noticed any regurgitation or vomiting? _____ No _____ Yes
- 13) Does your bird have any cagemates? _____ No _____ Yes
If yes, are the cagemates showing any signs of illnesses? _____ No _____ Yes
- 14) Have any new birds been added to your aviary or household? _____ No _____ Yes
- 15) Has your bird been exposed to any other birds including wild birds? _____ No _____ Yes
(eg. Boarding, pet shop, etc.)
- 16) Has your bird had any blood, culture, or fecal tests recently? _____ No _____ Yes
- 17) Has your bird had gender testing? _____ No _____ Yes
If yes, what sex is your bird? _____