Avian History Form

It is important to provide an accurate history of your pet in order to receive the best treatment options available. Please provide information to the questions below.

1. Patient Information

Name: ________________________________

Species: ________________________________

Gender: □ Male □ Female □ Unknown  Determined by: □ Endoscopy □ DNA □ Visual

Date of birth: ________________________________

Date acquired and source (pet store, breeder, previous owner): ________________________________

Number of previous owners (other than breeder, store): ________________________________

What states and/or countries has your pet lived in? ________________________________

Does this bird have a reproductive history? □ Yes □ No  Please give details: ________________________________

When was the last molt? ____________  How often has this bird been molting? ____________

Does your bird get wings trimmed? □ Yes □ No  Please give details: ________________________________

Do you have other pets? □ Yes □ No  Please give details: ________________________________

Have you or your bird had any contact with other birds in the last 30 days? □ Yes □ No  Please give details: ________________________________

When was the last bird added to your collection? ________________________________

2. Environment

Is the animal kept indoors or outdoors? ________________________________

Describe the cage enclosure (size, type, objects in cage, furnishings, etc.):

What type of material is used to line the bottom of the cage/litter pan? ________________________________
Is bathing/spraying provided? [ ] Yes [ ] No  Please give details:________________________________________________________________________

How often is the cage cleaned? ________________________  What is used to clean/disinfect? ________________________
________________________________________________________________________

What percentage of time does your bird spend out of the cage? ________________________

Is the bird supervised when out of the cage? [ ] Yes [ ] No  Please give details: ________________________

Does your bird have regular exposure to direct sunlight? [ ] Yes [ ] No  Frequency and length of time: ________________________

Is your bird exposed to full spectrum (UVA and UVB) sunlight? [ ] Yes [ ] No  Brand: ________________________

What is your bird's light/dark cycle? ________________________

Does anyone in the household smoke? [ ] Yes [ ] No

Do you use aerosolized products? [ ] Yes [ ] No

Has there been any changes to the bird's environment lately? [ ] Yes [ ] No  Please describe: ________________________

3. Diet

How often do you feed your bird? ________________________

Which foods are eaten and in what amounts (by number, weight, or approximate volume):

<table>
<thead>
<tr>
<th>Brand/Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seed Mixtures</td>
<td></td>
</tr>
<tr>
<td>Pellets</td>
<td></td>
</tr>
<tr>
<td>Fruits/Vegetables</td>
<td></td>
</tr>
<tr>
<td>Meat</td>
<td></td>
</tr>
<tr>
<td>Treats</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

Do you use any nutritional supplements? [ ] Yes [ ] No  If yes, what, how much, and how often? ________________________

What water supply do you provide? [ ] Tap  [ ] Bottled  [ ] Rain/river water

How is water provided? [ ] Bowl  [ ] Bottle  [ ] Dripper system  [ ] Spray  How often? ________________________

How often is the water changed? ________________________
4. Is your pet here for a ☐ Check-up ☐ Illness (please check one)

If your pet is here for an illness, please describe the signs/symptoms and how long your pet has been showing these signs/symptoms:

________________________________________________________________________

________________________________________________________________________

Is your pet's activity level ☐ Normal ☐ Decreased ☐ Increased

Is your pet's appetite ☐ Normal ☐ Decreased ☐ Increased

Have you noticed any of the following:

☐ Weight loss
☐ Weight gain
☐ Increased breathing rate or effort
☐ An increased or decreased thirst
☐ Weakness

5. Previous Conditions

Has your pet had any previous conditions, operations, or problems (including dental or gastrointestinal problems)?

________________________________________________________________________

________________________________________________________________________

6. Miscellaneous

Is your pet currently on any medications? ________________________________________

Has your pet been on any medications recently? If yes, please list them:

________________________________________________________________________

________________________________________________________________________

7. Is there anything else you would like done today?

☐ Have questions about:

________________________________________________________________________

________________________________________________________________________

☐ Other:

________________________________________________________________________