



# Avian History



Room #

Staff use only

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

Why have you brought your pet to be seen today? \_\_\_\_\_

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Length of problem: \_\_\_\_\_

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Any previous medical problems?  no  yes \_\_\_\_\_

Any medical treatments in the last 30 days?  no  yes \_\_\_\_\_

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When was this bird's last visit to a veterinarian? \_\_\_\_\_ Reason? \_\_\_\_\_

Have you noticed any behavioral changes in your pet?  no  yes \_\_\_\_\_

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Have you noticed any changes in eating or drinking behavior?  no  yes \_\_\_\_\_

Have you notices any changes in the consistency of droppings?  no  yes \_\_\_\_\_

When did your bird last molt? \_\_\_\_\_

Vaccine history: \_\_\_\_\_

Other: \_\_\_\_\_

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-----Staff use only

RR	Kg g	Time	Initials
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# Avian History



Staff use only

Date completed: \_\_\_\_\_

How long have you owned this bird? \_\_\_\_\_ Origin:  captive bred  wild-caught  unknown \_\_\_\_\_

Where did you get this bird? \_\_\_\_\_ What year was your home constructed? \_\_\_\_\_

Has your bird's sex been determined?  no  yes How? \_\_\_\_\_ Is your bird spayed or neutered?  no  yes

Please list all other types of pets in the home; place a star (\*) by any of these pets that have contact with this bird. \_\_\_\_\_

Was a quarantine period performed for this pet?  no  yes For how long? \_\_\_\_\_

Have you or this bird had any other contact with other birds in the last 90 days?  no  yes \_\_\_\_\_

Are there any residents of the home know to have compromised immune systems (i.e. children < 5 years, elderly persons, HIV/AIDS patients, cancer patients)?  no  yes

Have any other animals or persons in the home been sick within the last 30 days?  no  yes \_\_\_\_\_

Exposure to any smoke, aerosols, scented products (candles, diffusers)?  no  yes Use of nonstick cookware?  no  yes

How frequently is your bird handled? \_\_\_\_\_ Does this bird ever go outside? \_\_\_\_\_

Cage dimensions & materials: \_\_\_\_\_ Galvanized?  no  yes

Substrate used on the cage bottom? \_\_\_\_\_ Location of the cage in the home or on the property? \_\_\_\_\_

Cage décor: \_\_\_\_\_ Types of perches: \_\_\_\_\_

Types of toys: \_\_\_\_\_ How frequently are toys changed out? \_\_\_\_\_

How often is the cage cleaned? \_\_\_\_\_ Disinfectant/cleaner types? \_\_\_\_\_

Any changes to the environment in the last three months?  no  yes \_\_\_\_\_

What is your bird's source of water? \_\_\_\_\_ How often is it changed/cleaned? \_\_\_\_\_

Types of feed offered:

Pellets: brand \_\_\_\_\_ amount/frequency \_\_\_\_\_

Seeds: brand \_\_\_\_\_ amount/frequency \_\_\_\_\_

Fruits: type \_\_\_\_\_ amount/frequency \_\_\_\_\_

Vegetables: type \_\_\_\_\_ amount/frequency \_\_\_\_\_

Other: \_\_\_\_\_ amount/frequency \_\_\_\_\_

What nutritional supplements are provided? \_\_\_\_\_ amount/frequency \_\_\_\_\_

What does your pet prefer to eat from the above? \_\_\_\_\_

Supplemental heat source(s) and wattage:  ceramic/infrared bulb, power = \_\_\_\_\_ Watts  spot light/bulb, power = \_\_\_\_\_ Watts

Can the pet touch or directly access the heat source?  no  yes \_\_\_\_\_

Supplemental lighting?  no  yes, lightbulb  yes, florescent strip Model/manufacturer? \_\_\_\_\_

Date last replaced? \_\_\_\_\_ Is it screened?  no  yes \_\_\_\_\_

Can the pet touch or directly access it?  no  yes How many hours of light are provided per day? \_\_\_\_\_

What is the humidity in the cage? \_\_\_\_\_ How is this measured? \_\_\_\_\_

Temperature in the cage? \_\_\_\_\_ How is this measured? \_\_\_\_\_

How many hours per day does your bird spend OUT of the cage? \_\_\_\_\_  supervised  unsupervised