

**AVIAN HISTORY FORM**

Please complete and return via fax or email:  
(978) 486-0987 • littletonah@yourvetdoc.com

A detailed history is essential to provide the most appropriate veterinary care for your animal. Please complete this form as accurately as possible. If there is anything you are unsure about you can discuss it in more depth with the veterinary staff during your appointment.

Owner's Name: \_\_\_\_\_

Pet's name: \_\_\_\_\_ Species: \_\_\_\_\_

Date of birth/Age: \_\_\_\_\_ Sex: M F Sexed by: DNA Endoscopy Surgery

Origin: captive bred wild caught import unknown

How long have you had this bird? \_\_\_\_\_

Where did you obtain this bird? \_\_\_\_\_

Does your bird lay eggs? Y N If yes, please give details (how many/how often):

When did your bird last molt? \_\_\_\_\_ How often does your bird been molt? \_\_\_\_\_

Is your bird vaccinated? Y N If yes, which vaccines: \_\_\_\_\_

Does your bird get wing trims? Y N If yes, how often: \_\_\_\_\_

Do you have other birds or pets? Y N If yes, please give details: \_\_\_\_\_

Have you or your bird had any contact with other birds in the last 30 days? Y N

If yes, please give details: \_\_\_\_\_

When was the last bird added to your collection? \_\_\_\_\_

**REASON FOR PRESENTATION TODAY**

What is the primary complaint or what signs have you noticed? How long have these problems been present? \_\_\_\_\_

What health problems has your bird had previously? \_\_\_\_\_

Has your bird received any treatment in the last 30 days? Y N If yes, please give details (what was used, dosage, how often, duration): \_\_\_\_\_

Have you noticed any change in your bird's behavior? Y N If yes, please give details:

Any other birds at home with similar symptoms:? \_\_\_\_\_

Have any other animals or persons in the household had any illness in the last 30 days?

**DIET**

How often do you feed your bird: \_\_\_\_\_

Indicate which foods are eaten and in what amounts (by number, weight, or approx volume):

Seed Mixtures: Brand? \_\_\_\_\_ Amount? \_\_\_\_\_

Pellets? Brand? \_\_\_\_\_ Amount? \_\_\_\_\_

Fruits and/or vegetables (type and amount) \_\_\_\_\_

Meat (type and amount): \_\_\_\_\_

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

Do you use any nutritional supplements? Y N If yes what, how much, and how often?

What water supply do you provide? tap water bottled water If tap, how old is your home?

How is water provided? bowl dripper system spray

How often is the water changed? \_\_\_\_\_

Do you use any water supplements? Y N If yes, please give details: \_\_\_\_\_

Have you noticed any changes in feeding or drinking behavior? Please give details:

\_\_\_\_\_

Have you noticed any changes in droppings (fecal material, urine and urates?) Please give details;

\_\_\_\_\_

### **CAGE/ENVIRONMENT**

Where is the cage located? \_\_\_\_\_

What is the cage made of? \_\_\_\_\_

Cage size: \_\_\_\_\_

What furnishings are present? nest box  perches  swings  toys  mirrors  other: \_\_\_\_\_

What type of perches? \_\_\_\_\_

What types of toys? \_\_\_\_\_

Do you bathe your bird? Y N If yes, how and how often? \_\_\_\_\_

How often is the cage cleaned? \_\_\_\_\_

What cleaning/disinfectant agents are used? \_\_\_\_\_

What percentage of time does your bird spend inside and outside of its cage?

Inside \_\_\_\_\_ Outside \_\_\_\_\_

Is the animal supervised when out of the cage? Y N

Is your bird flighted? Y N Do you allow your bird to fly around the home? Y N

Is your bird exposed to full spectrum (UVA and UVB) lighting? Y N

How many hours a day? \_\_\_\_\_

How many hours of sleep does your bird get each night? \_\_\_\_\_

Where does your bird sleep? \_\_\_\_\_

Does anyone in the household smoke? Y N Do you use aerosolized products? Y N

Have you used any teflon coated or other non-stick pans recently? Y N

Have there been any changes in the bird's environment in the last 3 months? Y N

If yes, please explain: \_\_\_\_\_