



Avian History Form

Your Pet's Information:

Name: _____

Species or common name: _____

Date of birth or estimated age: _____ Origin: Captive bred Wild caught Unknown

Sex: _____ Determined by? DNA Visual Other: _____

How long have you had your pet? _____

From where did you obtain your pet? _____

Do you have other pets or birds in the household? No Yes

If yes, please list number and species: _____

Have you or your bird had any contact with other birds in the last 30 days? No Yes

If yes, give details: _____

When was the last bird added to your collection? _____

Cage Details:

Where is the cage located? Inside Outside

What are the dimensions of the cage and what is it made out of?

What is in the cage set up (décor, toys, ventilation, etc)? Substrate?

How often do you clean the cage and what do you clean it with? _____

What percentage of the time does your bird spend in the cage? _____

Is your bird supervised when out of the cage? No Yes

Are there any smokers in the house? No Yes

Do you use aerosolized substances? No Yes

Does your bird have regular exposure to sunlight? No Yes

Does your bird have exposure to UVA and UVB lighting? No Yes

What is your bird's day and night cycle (hours of sleep)? _____

Have there been any changes in the environment in the last 3 months? No Yes

If so, please explain:

Diet Details:

How often do you feed your bird? _____

Please indicate which foods are eaten and the approximate volume:

Pellets No Yes Type and amount: _____

Seed No Yes Type and amount: _____

Vegetables No Yes Type and amount: _____

Fruits No Yes Type and amount: _____

Meat products? No Yes Type and amount: _____

Treats/others _____

Do you use any nutritional supplements in food or water? No Yes

If yes, what is it, how much, how often: _____

Water Details:

What water supply do you provide? City tap water Bottled water Well water

How is water provided? Bowl Dripper system

How often is the water changed? _____

Reason for Visit today

What is the primary reason why you brought your pet in to see veterinarian today?

Have you noticed any changes in feeding or drinking behavior? No Yes

If yes, please give details: _____

Have you noticed any changes in droppings? No Yes

If yes, please give details: _____

Have you noticed any changes in your bird's behavior? No Yes

If yes, please give details: _____

Has your pet had any previous health problems OR reproductive problems? No Yes

If yes, please give details: _____

Have any other animals or people in your household had any illness within the last 30 days?

No Yes If yes please give details: _____

What are your pet's current medications? Has your pet received any medications or treatments in the last 3 months (what was used, dosage, how often and duration):