

Avian Husbandry & History

Owner's Name _____ Date _____

General:

Bird's name _____ Age: _____ Sex: M _____ F _____ Unk _____

Bird is a: Pet _____ Breeder _____

If bird is a female, has she produced eggs in the past? _____

Has she had any problems related to laying? _____

Does the bird have any specific identification? (e.g., tattoo, band, microchip) _____

How long have you had this bird? _____

Where did you get it? Store _____ Breeder _____ Other _____

Are there any other pets in the house? Y _____ N _____

If yes, please specify species & number _____

Housing:

Is the bird kept: Indoors _____ Outdoors _____ Both _____

What room is the bird kept in? _____

How is the bird housed? Cage _____ Aviary/Flight _____ Free in the house _____

Is the bird housed alone? Y _____ N _____ If no, list number & species in same enclosure/cage: _____

Size of cage/enclosure _____

What material is used on the bottom of the cage (paper, shavings, etc) _____

How often is the cage cleaned? _____ With what? _____

List the method/frequency of cleaning food and water dishes _____

Please describe toys & other furnishings in cage _____

Has the bird's environment changed recently? Y _____ N _____ If yes, describe _____

Is the bird covered at night? Y _____ N _____ At other times? _____

How many hours of darkness does the bird have each day? _____

Diet:

What foods are offered to the bird and in what total percentages? (pellets – please specify brand) _____

Are any supplements offered? If so, list brands _____

Are any treats offered? What type? How often? _____

Has there been any recent change in diet? Y _____ N _____ If yes, describe _____

How is water offered? (sipper, bottle, bowl) _____

Reason for Today's Visit:

Wellness/Annual _____ New Pet _____ Sick/Injured _____

What signs have you noticed that prompted today's visit? _____

How long have you been seeing these signs? _____

Has the bird been previously sick? _____ Has the bird ever been seen by any other veterinarian? _____ If yes, who/when/why? _____

Have any tests been performed previously on the bird? Please circle all that apply:

Psittacosis _____ CBC/blood chemistries _____ Beak and feather disease _____ Polyomavirus _____ Parasite tests _____

Other (please describe) _____

Additional comments:
