Date: ____/____/____

**AVIAN**

**Instructions:** An accurate history of your pet is extremely important. We would appreciate your cooperation in providing us with the following information. Please check the appropriate boxes or use the spaces provided. Thank you.

1. **Patient information**

   Species: __________________________________________________________

   Gender: [ ] male [ ] female [ ] unknown. Method used to determine ________________________________

   Date of hatch (if known) __________ Date acquired _______________

   Source (pet store, breeder, previous owner) _________________________________________________

   Number of previous owners (other than breeder, store)__________

   What states and countries has your bird lived in? _____________________________________________

2. **Environment**

   What room(s) is your bird kept in?

   Describe the cage- type, size, perches, toys, other furnishings

   What is on the bottom of the cage? __________________________________________________________

   Are there are other birds in the house? [ ] yes [ ] no. If so, what types are they and when were they acquired?

   __________________________________________________________

   List any other pets that you have:____________________________________________________________

   Do you regulate the temperature near the cage?________________________________________________

   How much time does your bird spend outside of the cage?_____________________________________

   Is your bird supervised when it is out of the cage? [ ] at all times [ ] sometimes [ ] not _____________

   Does your bird chew on walls, furniture, or other household objects?_____________________________

   List recent changes in the environment, if any:_________________________________________________
3. Exposure history

Has your bird been exposed to any birds other than your own? □ yes □ no
☑ Boarding - when, where: _____________________________________________
☑ Bird clubs, shows - when, where: _______________________________________
☑ Has your bird been outside or has a □ wild bird been in your home? When?____________________
☑ Friends' birds, other birds: ____________________________________________

Toxins

Does anyone in the house smoke? □ yes □ no
If your bird exposed to kitchen fumes? □ yes □ no.
Do you have non-stick cookware? □ yes □ no
Does your bird chew on houseplants? □ yes □ no.
In what year was your house/apartment built?________________________________________
Does your bird chew on painted surfaces (such as walls or windowsills)? □ yes □ no

Dust

Is there an unusual amount of dust, or any construction near your home? □ yes □ no
Do you have air filtration? □ yes □ no
Please list any air fresheners, cleaning products, deodorizers, or insecticides that are used in
the same room as your bird: _____________________________________________
Please list other possible toxins or irritants: ___________________________________________

4. Diet

What percent of your bird's diet consists of the following (please describe what the bird actually eats, not what
is offered):

Bird pellets____ % brand(s): _____________________________________________
Seed mixture____ %, types/brand(s): _______________________________________
Table food____ %, types: _________________________________________________
Other____ %, types: _____________________________________________________
How often do you change your bird's food? _________________________________
Treats: types, frequency:_________________________________________________
Supplements:
   Multivitamin in □ water □ food. Brand, frequency:
   Minerals: □ powder, □ cuttlebone, □ block, □ oyster shell. Is it eaten? □ yes □ no
   Is grit offered? □ yes □ no
Water source: ________________________________________________________________

Please describe any recent additions/changes to your bird's diet:

__________________________________________________________________________

__________________________________________________________________________

5. **Vaccinations**
   Please list any vaccine(s) that your bird has had and when they were given: ___________________________

______________________________________________________________________________

6. **Reproductive**
   Do you plan on breeding this bird? ❑ yes ❑ no ❑ possibly
   How many clutches of eggs has your bird laid? _____, or ❑ does your bird lay continuously?
   When was the most recent egg? ____________, was the egg ❑ normal ❑ this shelled ❑ misshapen
   How many babies have been hatched from this bird? _____ Were they healthy? ❑ yes ❑ no
   Describe any past reproductive problems with offspring:

7. **Does your bird have any behavioral problems?**
   ❑ Feather picking
   ❑ Screaming
   ❑ Biting, aggression
   ❑ Fear or people
   ❑ Other:

8. **Previous Conditions, Problems, or Operations (list with date, if known)__________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

9. **Is your bird here for a □ well-bird check up, or is it □ sick**
   If your bird is sick, please describe the signs and how long the bird has been showing these signs:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Is your bird eating normally? ❑ yes ❑ no (list): ______________________________________________
Have you used any medications from a pet store? □ yes □ no (list):___________________________________

_______________________________________________________________________________________

**Have you noticed any of the following:**

□ Weight loss? □ Weight gain?
□ Sneezing? □ Discharge from the eyes or nose?
□ Increased breathing rate or effort? □ Decreased ability to fly or exercise?
□ A change in the voice?
□ A change in the droppings?
□ Abnormal feathers?
□ Weakness in the legs or wings?

10. **Has your bird been seen by another veterinarian for any of the current problems?**

□ yes □ no
If yes, when?____________________________________________________________________________

Please list tests performed_______________________________________________________________

Please list medications given_____________________________________________________________

**Is there anything else you would like done today?**

□ Nail trim □ Beak trim □ Wing trim
□ I have questions about: ________________________________________________________________
□ Other:_______________________________________________________________________________

If your bird is hospitalized, may we have permission to trim the wings? This will make medicating your bird less stressful – both in the hospital and at home. □ yes □ no

Did you know that avocado ingestion and fumes from Teflon (and other non-stick surfaces) on cookware, self-cleaning ovens, or heaters can be fatally toxic to pet birds? Please ask us if you need help making your home bird-safe.