

Avian History Form

Personal ID:

Owners Name: _____ Phone (____) _____ - _____ or (____) _____ - _____
Pet's Name: _____ Species: _____ Age: _____ Sex: M - F - Unknown
How was the bird's sex identified? Surgically: __ DNA (feather test): __ Other (Describe): _____
Identification show number): Tattoo: _____ Microchip: _____ Band: _____
Bird is a pet: _____ Breeder (has produced young or eggs) describe: _____

Source of bird:

Store: __ Private party: __ Breeder: __ Other (describe): _____
Date acquired: _____ Wild-caught: _____ Domestic bred: _____
Has the bird been quarantined? Commercial: _____ Private: _____ Length of quarantine: _____
Was bird isolated prior to introduction to present location? _____ Length of period of isolation: _____ days.
Other bird species in isolation area: _____
Give cause, if known, of any bird deaths during isolation period: _____

Present environment:

Bird is kept in a cage: _____ Aviary: _____ Free in the house: _____ Wings trimmed: _____
Other birds in the same cage or aviary: _____
Are any other birds sick? _____ Have any died? _____ If yes, give details: _____

List toys available to the bird: _____
What do you use on the bottom of the cage: _____ Can the bird reach it? _____
Bird is kept indoors: __ Outdoors: __ In a separate room: _____ With the family: _____
List other birds in the immediate vicinity: _____
List other birds in the home/aviary: _____
List other pets in the home: _____
Frequency of cage cleaning: _____ Method/frequency of cleaning of food/water receptacles? _____

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

Diet:

Pelleted food alone (Brand): _____ Seeds: _____ Table foods: _____
Combination: Describe diet: _____

Amount offered to the bird each day: _____ Amount the bird eats each day: _____
How is water offered (cup, tube)? _____
Recently added food or dietary changes: _____

This visit:

What signs prompted you to bring in the bird? _____
Have you noticed (circle all that apply): Diarrhea; blindness; vomiting; constipation; tail-bobbing; breathing difficulty; perching difficulty; fainting; sitting fluffed up; drooping wings; feather picking; bleeding; lameness, change in personality; change in vocalizations; change in stool consistency; change in appetite; excessive water consumption: Describe _____

Tests (circle all that apply): Psittacosis; psittacine beak and feather disease; polyomavirus; parasites;

Vaccines: What vaccines has the bird been given and date given? _____
Has the bird been seen by any other veterinarian? _____ When/ Why? _____

Has the bird been de-wormed? _____ What was used for the treatment? _____

Additional Comments: (Your opinion regarding this illness/accident) Please use reverse for your comments.

Signature: _____ Date: _____