

Southlake Animal Hospital

Avian History Form

Owner's Name _____ Pet's Name _____ Date: _____

How long have you owned your bird? _____ Is this your first bird? _____

Where did you obtain the bird? _____

Age of Bird? _____

Do you know the sex of your bird? _____

Who is the bird's primary caretaker? _____

How much do you handle your bird? _____

If there was a previous owner, how long was the bird with that owner? _____

Virals -Has your bird been tested for the following virals?

Has your bird been sexed using chromosomal analysis (blood feather test)?

Chlamydia? _____ Date _____

Beak & Feather Disease? _____ Date _____

Herpes/Pachecos? _____ Date _____

Polyoma Virus? _____ Date _____

Has your bird received any vaccinations? _____ If yes, what type and when? _____

Is your bird microchipped? _____

If female, has your bird ever laid eggs? _____ If so, how many and how often? _____

Housing -Describe the birds cage:

Where is the cage located? _____

Any windows near the cage? _____

How often do you clean your cage? _____

What do you use to line the bottom of the cage? _____

What cleaning products, if any do you use to clean your bird's cage? _____

Any air conditioner or heating vent near cage? _____

What type of heating system is in your home? _____

Do you have any humidifiers? _____

How much time does your bird spend out of the cage? _____

Does your bird go outdoors? _____ How often? _____

Is your bird supervised? _____

What measures do you take to secure your bird outside? _____

Grooming - Do you clip the bird's wings? _____

Do the nails require trimming? _____ If so, how often? _____

Does the beak require trimming? _____

Do you give the bird baths or showers? _____

Do you ever apply anything other than water to the feathers or skin? _____

Is your bird around other birds? _____ If yes, how frequently and for how long? _____

If you have more than one bird, what species are they? _____

Are any of these birds ill? _____

Has your bird been exposed recently to any new birds? _____

Has your bird boarded recently? _____

Do you have any other pets? _____

Are any of them ill? _____

Is your bird exposed to cigarette smoke? _____

What about Teflon from pots and pans? _____

Are you aware of household cleaning products and aerosols that could be dangerous to your bird? _____

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Diet - Which of the following do you feed? _____

Seed % of diet _____ Type _____

Pellets % of diet _____ Type _____

Fresh foods? % of diet _____ Type _____

Vegetables? How often? _____ Types _____

Fruits? How often? _____ Types _____

Meats? How often? _____ Types _____

Bread, Rice, Pasta, Potatoes? How often? _____ Please Specify: _____

Dairy Products? How often? _____ Please Specify: _____

Other? Please Specify: _____

Source of drinking water: Tap Water Bottled Water

What are your birds preferred food items? _____

Do you use a vitamin or mineral supplement? _____ Type _____

In water? or on seed? How often? _____ Amount? _____

When did the bird last molt? _____ How often does it molt? _____

If your bird is ill, please answer the following questions:

How long has the bird been ill? _____

Did the bird suddenly become ill, or has the illness come on gradually? _____

What signs have you noticed? _____

Is the bird eating any food? _____

Is the bird drinking water? _____

Are the droppings different from normal? _____ Please describe _____

Is your bird making its normal sounds? _____ If not, please describe _____

If the bird spends time out of the cage, does it chew on furniture, any objects, or paint?

Please specify _____

Does it have any access to any plants? _____

Are any other pets or any humans in your household ill? _____

Have you given the bird any medications? _____ If yes, please list type and for how many days: _____

Have you seen another veterinarian for this problem? _____

Please describe treatment recommendations and list all medications: _____

Are there any specific questions you have for the doctor? _____
