

# 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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Pg 2

**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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_