



# AVIAN HISTORY FORM

(Please print)

Today's date: \_\_\_\_\_

Instructions: An accurate history of your pet and their environment 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

If gender is known, how was it determined? \_\_\_\_\_

If female, answer questions a-c, otherwise skip to next:

a) How many clutches of eggs has your bird laid or does she lay continuously? \_\_\_\_\_

b) When was the most recent egg? \_\_\_\_\_

Was the egg normal? \_\_\_\_\_

If no, what was abnormal? \_\_\_\_\_

c) Have you ever bred or do you plan to breed this bird? \_\_\_\_\_

If previously bred, how many babies were hatched in the last clutch? \_\_\_\_\_

Any reproductive problems with this bird or any problems with her offspring (if yes, please describe)? \_\_\_\_\_

Date of hatch? \_\_\_\_\_ OR Estimated age? \_\_\_\_\_

Wild caught or hand raised? \_\_\_\_\_

Date acquired? \_\_\_\_\_ Source (pet store, breeder, etc)? \_\_\_\_\_

## 2. Environment

What room(s) is your bird kept in? \_\_\_\_\_

Are there any other birds/pets in the household? What type? \_\_\_\_\_

Describe the cage (type, size, perches, toys, etc): \_\_\_\_\_

What is on the bottom of the cage? \_\_\_\_\_

Do you regulate the temperature near the cage? \_\_\_\_\_

If so, how and at what temperature range? \_\_\_\_\_

How much time does your bird spend outside of their cage? \_\_\_\_\_

Is your bird supervised when out of the cage?  At all times  Sometimes  No

Any recent changes to your bird's environment (if yes, please describe)? \_\_\_\_\_

### 3. Exposure History

Has your bird been exposed to any other birds other than your own? \_\_\_\_\_

If yes, when and where: \_\_\_\_\_

Has your bird had any exposure to the following:  Cigarette smoke  Kitchen fumes  Non-stick cookware  
 Chewing on houseplants  Chewing on walls/furniture  Unusual amount of dust or nearby construction

Do you have air filtration?  Yes  No

Please list any air fresheners, cleaning products, or insecticides that are used in same room as your bird:

\_\_\_\_\_

Please list other possible toxins or irritants: \_\_\_\_\_

### 4. Diet/Medications

For this bird, please list the amount fed/given and at what frequency for the following:

Bird Pellets (include brand, if known)? \_\_\_\_\_

Seed Mixture (include brand, if known)? \_\_\_\_\_

Table Food (include what types)? \_\_\_\_\_

Other (please describe)? \_\_\_\_\_

How often is your bird's food changed? \_\_\_\_\_

Treats - Types, frequency: \_\_\_\_\_

Supplements (vitamins, minerals, grit) - Types, frequency: \_\_\_\_\_

\_\_\_\_\_

How is water supplied to your bird? \_\_\_\_\_

Any recent additions or changes (if yes, please describe)? \_\_\_\_\_

\_\_\_\_\_