



# AVIAN HISTORY

Pet: \_\_\_\_\_ Owner: \_\_\_\_\_ Date: \_\_\_\_\_  
Today's Weight: \_\_\_\_\_ Photo taken \_\_\_\_\_  
Owner info (address, phone numbers, etc) still current? \_\_\_\_\_

## **Chief Complaint or Reason for Visit:** \_\_\_\_\_

How long has the problem been going on? \_\_\_\_\_

Ever had this problem before?  Yes  No Has the problem changed over time?  Yes  No

Has the bird been treated with any medications for the problem?  Yes  No

If so, what meds? \_\_\_\_\_ Any improvement?  Yes  No

## **Past history**

How long have you owned the bird? \_\_\_\_\_

Where did you get the bird? \_\_\_\_\_

Has your bird been sick before?  Yes  No

If so, what was the problem? \_\_\_\_\_

Was your pet treated?  Yes  No

What was it treated with? \_\_\_\_\_

By whom? \_\_\_\_\_

Do you have a copy of the medical record?  Yes  No

Do you know your bird's gender?  Yes  No if yes: \_\_\_\_\_ How do you know? \_\_\_\_\_

Do you know its reproductive history?  Yes  No

Has your bird ever had a reaction to medication?  Yes  No If yes, explain: \_\_\_\_\_

Has your bird ever been physically traumatized?  Yes  No If yes, explain: \_\_\_\_\_

## **Environment / Housing:**

What are the dimensions of its enclosure? \_\_\_\_\_

What type of construction? (glass, wire, etc) \_\_\_\_\_

Substrate (bedding, etc) used? \_\_\_\_\_

Number types of perches: \_\_\_\_\_

Number, types of toys: \_\_\_\_\_

## **Diet:**

What type of diet do you give your bird? \_\_\_\_\_

Percentages of each food group: \_\_\_\_\_ Does it actually eat it?  Yes  No

Does your pet eat well?  Yes  No

Is any cuttlebone, mineral block, or vitamins/supplements in food or water? \_\_\_\_\_

## **Other Pets:**

Do you have other birds?  Yes  No If so, how many? \_\_\_\_\_

Do they all appear healthy?  Yes  No

Any new birds in the past 6 months?  Yes  No

Do you take your bird outside or to places with other birds?  Yes  No

## **Toxin Exposure:**

Is your bird ever outside of the cage unsupervised?  Yes  No

Anything it could get into?  Yes  No If yes, explain: \_\_\_\_\_

## **Systems Review**

Any coughing or sneezing?  Yes  No

Any non-behavioral regurgitation?  Yes  No

Any changes in droppings (feces, urates, urine?)  Yes  No

Any changes in appetite?  Yes  No

Any changes in attitude?  Yes  No