

Patient History - Avian

Office use
DR IN
RM

DATE _____

Owner's Name: _____ Pet Name: _____

Species: _____ Date of Birth/Age: _____

Source of Pet/Date Acquired: _____ Sex: M F Unknown

Identification/Markings/Color: _____ Band #: _____

Was the bird: Captive Bred Imported Don't know

Enclosure:

Cage Type/Size: _____

If cage is metal, is it galvanized wire/stainless steel? _____

Is cage painted/powder coated? _____ Does it contain lead-based paint? _____

Is there a wire grate on bottom of cage? _____ Substrate type: _____

How often is enclosure cleaned and with what? _____

Perch types and toys: _____

Type of food and water bowls/How often cleaned: _____

How long has bird lived in the cage? _____

Environment:

Is your bird let out of the cage? _____ While out of cage, is bird supervised? _____

Are there any other pets in household? List species and how many of each: _____

Is the bird in contact with any other pets/animals? _____

Is the bird kept indoors or outdoors (or both)? _____

Avg. temp. bird is exposed to: _____ Are there drafts or extreme temperature fluctuations? _____

Is there a humidifier/air filter in room with the bird? _____

Is non-stick cookware used in the home? _____ Does anyone SMOKE in the house? _____

Recent environmental changes: _____

Nutrition:

What food is currently being offered (list pellets, seeds, fresh foods, etc)? _____

Of this diet, what does the bird actually consume? _____

How often is the food offered?(daily/twice daily/etc.) _____

Dietary supplements offered/How often: _____

Previous History:

History of egg laying/reproducing? _____ If yes, when was the last time? _____

History of internal/external parasites? _____ If yes, last time and treatment? _____

Has your bird been to a veterinarian before? If so, where? _____

The reason for your visit today/Health concerns about your bird: _____

*****OFFICE USE PLEASE*****

Wt. _____ g

Today's Plan: Nail Trim Wing Trim Fecal Blood Work (CBC/CHEM) DNA Picture DONE _____

Notes: _____