

**Patient History - Avian**

Owner's Last Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Species: \_\_\_\_\_

Date of Birth/Age: \_\_\_\_\_ Source of Pet/Date Acquired: \_\_\_\_\_

Identification/Markings/Color: \_\_\_\_\_ Sex:  M  F  Unknown

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 Fecal Wing Trim Blood Work (CBC/Chem/DNA) Picture DONE \_\_\_\_\_

Other: \_\_\_\_\_

Notes: \_\_\_\_\_