Patient History - Avian

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 _____   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 ONLY** *************************************
Wt._____ g/kg   HR _____   RR_____

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