

**All Creatures Veterinary Care Center**



**AVIAN HISTORY FORM**

**ANIMAL DETAILS**

Avian name or identification \_\_\_\_\_

Common or scientific species name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Sex M F unknown      Determined by : DNA endoscopy visual other: \_\_\_\_\_

Origin: captive bred wild caught import unknown

How long have you had this bird? \_\_\_\_\_

From where did you obtain this bird? \_\_\_\_\_

Does this bird have a reproductive history? N  Y ; please give details: \_\_\_\_\_

When did your bird last molt? \_\_\_\_\_ How often has your bird been molting? \_\_\_\_\_

Is your bird vaccinated? N  Y ; please give details: \_\_\_\_\_

Does your bird get wing trimmed? N  Y ; please give details: \_\_\_\_\_

Do you have other birds or pets? N  Y ; please give details: \_\_\_\_\_

Have you or your bird had any contact with other birds in the last 30 days? N Y; please give details:  
\_\_\_\_\_

When was the last bird added to your collection? \_\_\_\_\_

**REASON FOR PRESENTATION TODAY**

What is the primary complaint or what signs have you noticed? How long have these problems been present? \_\_\_\_\_

What health problems has your bird had previously? \_\_\_\_\_

Has your bird received any treatment in the last 30 days? N Y, If yes, please give details (what was used, dosage, how often, duration):  
\_\_\_\_\_  
\_\_\_\_\_

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Have you noticed any change in your bird's behavior? N  Y ; please give details:

\_\_\_\_\_

Have any other animals or persons in the household had any illness in the last 30 days? \_\_\_\_\_

\_\_\_\_\_

### **DIET**

How often do you feed your animal? \_\_\_\_\_

Indicate which foods are eaten and in what amounts (by number, weight, or approx. volume):

Seed mixtures: Brand? \_\_\_\_\_ Amount? \_\_\_\_\_

Pellets: Brand? \_\_\_\_\_ Amount? \_\_\_\_\_

Fruits and/or vegetables: Type? \_\_\_\_\_ Amount? \_\_\_\_\_

Meat (type and amount): \_\_\_\_\_ Freshly killed  Frozen/thawed  Live prey

Treats: Brand? \_\_\_\_\_ Amount? \_\_\_\_\_

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

Do you use any nutritional supplements? N  Y ; please give details: \_\_\_\_\_

Have you noticed any changes in feeding or drinking behavior? Please give details; \_\_\_\_\_

\_\_\_\_\_

Have you noticed any changes in droppings (fecal material, urine and urates)? Please give details:

\_\_\_\_\_

### **CAGE ENVIRONMENT**

Where is the cage located? Inside  outside  , please give details: \_\_\_\_\_

What is the cage made of? \_\_\_\_\_ Cage size: \_\_\_\_\_

What kind of bedding is used? \_\_\_\_\_

What décor and furnishings are present? Nest box  perches  swings  toys  other: \_\_\_\_\_

Please give details: \_\_\_\_\_

Are bathing/spraying facilities provided? N  Y ; please give details: \_\_\_\_\_

How often is the cage cleaned? \_\_\_\_\_ What cleaning/disinfectant agents are used? \_\_\_\_\_

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What percentage of time does your bird spend inside and outside of its cage? Inside \_\_\_\_ Outside \_\_\_\_

Is the animal supervised when out of the cage? N  Y ; please give details: \_\_\_\_\_

Does your bird have regular exposure to sunlight? N  Y ; Frequency and length of time \_\_\_\_\_

Is your bird exposed to full spectrum (UVA and UVB) lighting? N  Y ; Brand? \_\_\_\_\_

What is your bird's light/dark cycle? \_\_\_\_\_

Does anyone in the household smoke? N  Y  Do you use any aerosolized products? N  Y

Do you have non-stick cookware? N  Y  Is your bird exposed to kitchen fumes? N  Y

Have there been changes in the bird's environment in the last 3 months? N  Y ; please give details  
\_\_\_\_\_

### **Is there anything else you would like done today?**

\_\_\_ Nail trim

\_\_\_ Wing Trim

\_\_\_ Beak Trim

\_\_\_ Have questions about: \_\_\_\_\_

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