

AVIAN HISTORY FORM

Owner's Name: _____ Date: _____

Bird's Name: _____ Species: _____ Sex: M ___ F ___ Unknown ___

How was the sex identified? Surgically ___; DNA (feather test) ___; other (describe) _____

Identification (show number): Tattoo _____; Microchip _____; Band _____

Bird is a pet ___; Breeder ___ (has produced young or eggs) describe: _____

Source of bird: Store ___; Private party ___; Breeder ___; Other (describe): _____

Date acquired: _____ Wild-caught ___; Domestic bred: _____

Has the bird been quarantined? Commercial ___ Private ___ Length of quarantine: _____

Other birds kept in the same quarantine: _____

Did any of those birds die or become ill during that quarantine period? _____ Give details:

Present environment:

Bird is kept in a cage ___; aviary ___; free in the house ___; wings trimmed ___

Other birds in the same cage or aviary: _____

List other birds on the premises indoor or outdoors: _____

Are any of those birds sick? _____ Have any died? _____ If yes, give details: _____

List other pets in the home or yard: _____

List toys available to the bird: _____

What do you use on the bottom of the cage? _____ Can the bird reach it? _____

Bird is kept: indoors ___; outdoors ___; in a separate room ___; with the family ___

Frequency of cage cleaning: _____

Method/frequency of cleaning of food/water receptacles: _____

How many hours of darkness does the bird have each day? _____

Diet: Pelleted food alone (brand) _____; seeds ___; table foods ___; combination ___

Describe diet or eating habits: _____

Amount offered to the bird each day: _____ Amount the bird eats each day: _____

How is water offered (cup, tube)? _____

Recently added food or dietary changes: _____

What signs have you noticed regarding this bird, this incident? (Check all that apply):

- diarrhea
- blindness
- vomiting
- constipation
- tail-bobbing
- fainting
- lameness
- breathing difficulty
- perching difficulty
- fluffed feathers
- drooping or injured wings or legs
- eye/nostril/ear bleeding or injury
- bitten by other bird or pet
- feather picking or feather loss
- skin bleeding
- change in personality
- change in vocalizations
- change in stool consistency
- change in appetite
- excessive water consumption
- coughing or hoarseness

Describe any other: _____

What tests has the bird been given? (Check all that apply):

- psittacosis
- psittacine beak and feather disease
- polyomavirus
- parasites

Any other: _____

List vaccines the bird has been given and date given: _____

Has the bird been seen by any other veterinarian? _____ When/Why? _____

Has the bird been dewormed? _____

What treatment was used for deworming? _____

Additional comments: (Your opinion regarding this illness/accident) _____
