**Avian History Form**

**Background Information:**

Owner name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

Pet’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of birth/age\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: M F Unknown How determined: DNA Surgical Laid eggs Dimorphic

Length of time owned:\_\_\_\_\_\_\_\_\_\_\_ Where acquired: Breeder/Pet store/Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical History:**

Please list all previous medical problems:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your bird been recently exposed to other birds? (boarding, etc.) Yes□ No□

Have there been any changes in your bird’s environment? (moved cage, new cage, etc.) Yes□ No□

If yes, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your bird have any behavior problems?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any smokers in the house? Yes□ No□

Have there been any changes in your bird’s droppings? (number, color, consistency, etc.) Yes□ No□

If yes, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Husbandry:**

Type of caging (metal, wood, etc.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dimensions of cage: Length\_\_\_\_\_\_\_\_Width\_\_\_\_\_\_\_\_\_Height\_\_\_\_\_\_\_\_\_

Briefly describe your bird’s cage (type and number of perches, food/water bowls, toys, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there any bedding or litter used in the cage? Yes□ No□ If yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How often is the cage cleaned?\_\_\_\_\_\_\_\_\_\_\_\_\_\_What type of disinfectant is used?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your bird spend time out of the cage? Yes□ No□ If so, how much time and where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any other birds? Yes□ No□ If yes, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birds are housed: Together□ Separately□

If not housed together, where are other birds located in regards to this bird?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any new bird additions to the home? Yes□ No□ If yes, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other pets? Yes□ No□ If yes, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Continued on back 🡪

**Nutrition:**

Types of foods offered:

Pellets? Yes□ No□ If yes, what brand?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount fed/frequency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Seed? Yes□ No□ If yes, what brand?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount fed/frequency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nuts? Yes□ No□ If yes, what brand?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount fed/frequency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fruits? Yes□ No□ If yes, what types?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount fed/frequency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vegetables? Yes□ No□ If yes, what types?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount fed/frequency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mineral supplements? (cuttlebone, mineral treat block, oyster shell, etc.) Yes□ No□

If yes, what type(s)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are they offered at all times? Yes□ No□ If not, how often?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other supplements? Yes□ No□ If yes, what brand/types?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Frequency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Water source:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How often is the water changed?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please fill in the percent of total diet in each category that your pet actually eats:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Seeds | Pellets | Vegetables | Fruits | Nuts | Dairy/Meat | Breads/Grains | Other | Total |
|  |  |  |  |  |  |  |  | =100% |

**Please check any symptoms or problems that you have noticed about your pet:**

**□Decreased appetite □Increased appetite □Anorexia(not eating at all) □Weight loss**

**□Vomiting/regurgitation □Difficulty breathing □Tail bobbing □Lethargy**

**□Diarrhea □Fluffed feathers □Feather picking □Nasal or eye discharge □Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**