

AVIAN HISTORY FORM — Date: \_\_\_\_\_; Dr: \_\_\_\_\_ Ref: \_\_\_\_\_

1. Owners Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_
2. Address: \_\_\_\_\_
3. City/State/Zip: \_\_\_\_\_
4. Bird's Name: \_\_\_\_\_ Species: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ Unknown \_\_\_\_\_
5. How was the sex identified? Surgically \_\_\_; DNA (feather test) \_\_\_; other (describe) \_\_\_\_\_.
6. Identification (show number): Tattoo \_\_\_\_\_; Microchip \_\_\_\_\_; Band \_\_\_\_\_.
7. Bird is a pet: \_\_\_; Breeder: \_\_\_ (has produced young or eggs) describe: \_\_\_\_\_
8. Source of bird: Store \_\_\_; Private party \_\_\_; Breeder \_\_\_; Other (describe) \_\_\_\_\_.
9. Date acquired: \_\_\_\_\_. Wild-caught \_\_\_; Domestic bred \_\_\_\_\_.
10. Has the bird been quarantined? Commercial: \_\_\_\_\_ Private: \_\_\_\_\_ Length of quarantine: \_\_\_\_\_
11. Other birds kept in the same quarantine: \_\_\_\_\_
12. Did any of those birds die or become ill during that quarantine period? \_\_\_\_\_. Give details: \_\_\_\_\_

Present environment:

13. Bird is kept in a cage \_\_\_; aviary \_\_\_; free in the house \_\_\_; wings trimmed \_\_\_\_\_.
14. Other birds in the same cage or aviary: \_\_\_\_\_
15. List other birds on the premises, indoors or outdoors: \_\_\_\_\_
16. Are any of those birds sick? \_\_\_\_\_ Have any died? \_\_\_\_\_ If yes, give details: \_\_\_\_\_
17. List other pets in the home or yard: \_\_\_\_\_
18. List toys available to the bird: \_\_\_\_\_
19. What do you use on the bottom of the cage? \_\_\_\_\_ Can the bird reach it? \_\_\_\_\_
20. Bird is kept: indoors \_\_\_; outdoors \_\_\_; in a separate room \_\_\_; with the family \_\_\_\_\_.
21. Frequency of cage cleaning: \_\_\_\_\_
22. Method/frequency of cleaning of food/water receptacles \_\_\_\_\_
23. How many hours of darkness does the bird have each day? \_\_\_\_\_

24. Diet: Pelleted food alone (brand) \_\_\_\_\_; seeds \_\_\_\_\_; Table foods \_\_\_\_\_;  
Combination \_\_\_\_\_.

25. Describe diet or eating habits: \_\_\_\_\_  
\_\_\_\_\_

26. Amount offered to the bird each day: \_\_\_\_\_ Amount the bird eats each day: \_\_\_\_\_

27. How is water offered (cup, tube)? \_\_\_\_\_

28. Recently added food or dietary changes: \_\_\_\_\_

29. What signs have you noticed regarding this bird, this incident? (Circle all that apply): diarrhea;  
blindness; vomiting; constipation; tail-bobbing; breathing difficulty; perching difficulty; fainting; 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; lameness; change in personality; change in vocalizations;  
change in stool consistency; change in appetite; excessive water consumption; coughing or hoarseness;  
Describe any other: \_\_\_\_\_

30. What tests has the bird been given? (Circle all that apply): Psittacosis; psittacine beak and feather  
disease; polyomavirus; parasites; other \_\_\_\_\_

31. List vaccines the bird has been given and date given? \_\_\_\_\_  
\_\_\_\_\_

32. Has the bird been seen by any other veterinarian? \_\_\_\_\_ When/ Why? \_\_\_\_\_  
\_\_\_\_\_

33. Has the bird been dewormed? \_\_\_\_\_

34. What treatment was used for deworming? \_\_\_\_\_

35. Additional Comments: (Your opinion regarding this illness/accident).

~~I have received and read the brochure on chlamydia. (Please initial)~~

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I was referred to your clinic by: \_\_\_\_\_