



# Pet Care Veterinary Hospital

Avian History Form

Owner's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Bird's Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Species: \_\_\_\_\_

How was the sex determined? Endoscope, DNA (blood test), other

If other, please describe: \_\_\_\_\_

Identification: Microchip, Tattoo, Band      Show Number: \_\_\_\_\_

Bird is a: Pet, Breeder      If breeder (bird has produced young or eggs) please describe: \_\_\_\_\_

Date Acquired: \_\_\_\_\_ Wild caught or domestic bred

Has the bird been quarantined: Commercial or Private

Length of quarantine: \_\_\_\_\_

Other birds kept in same quarantine? \_\_\_\_\_

Did any of the birds die or become ill while in quarantine? \_\_\_\_\_

If yes, give details: \_\_\_\_\_

Bird is kept in a: cage, aviary, bird stand in the house

Wings trimmed? \_\_\_\_\_

Other birds in the same cage or aviary? \_\_\_\_\_ If yes, please list:

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List other birds on the premises, indoors and outdoors:

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Are any of these birds sick? \_\_\_\_\_ Have any of these birds died? \_\_\_\_\_  
If yes, please give details:

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List other pets in the home:

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List toys available to the bird:

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What do you use on the bottom of the cage: \_\_\_\_\_ Can the bird reach it?

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Bird is kept: indoors or outdoors  
If indoors: in a separate room or with family

Frequency of cage cleaning: \_\_\_\_\_  
Method/frequency of cleaning food/water receptacle:

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How many hours of darkness does the bird have each day: \_\_\_\_\_

Diet: Pelleted food alone      Seeds      Combination      Table foods  
Pelleted brand food: \_\_\_\_\_

Describe eating habits: \_\_\_\_\_

Amount offered to bird each day: \_\_\_\_\_  
Amount bird eats each day: \_\_\_\_\_

How is water offered: cup      sipper tube  
Recently added food or dietary changes: \_\_\_\_\_

What signs have you noticed regarding this bird, this incident:

Diarrhea      Vomiting      Blindness      Constipation      Tail-bobbing

Breathing difficulty      Perching difficulty      Fainting      Fluffed feathers  
Drooping or injured wings or legs      Eye/ear/nostril bleeding or injury  
Lameness      Bitten by another bird/pet      Feather picking/loss      Skin bleeding  
Coughing/hoarse      Change in personality      Change in vocalization  
Change in stool consistency      Change in appetite      Excessive water consumption

What other tests has the bird been given: Chlamydia      Psittacine beak and feather  
disease      Polyomavirus      Parasites      Other

Has the bird been seen by any other veterinarian: \_\_\_\_\_  
If yes, when and why: \_\_\_\_\_

What vaccines has the bird been given and the dates given:  
Has the bird been dewormed: \_\_\_\_\_

What treatment was used: \_\_\_\_\_

Additional comments (your opinions regarding this illness/accident):

I have received and read the brochure on chlamydiosis: \_\_\_\_\_

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