

**Avian History Form**  
**Southport Animal Hospital**

Pet's name:

\_\_\_\_\_

Breed:

\_\_\_\_\_

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? \_\_\_\_\_

Does your bird get wing trims? N · Y · ; if yes, 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): \_\_\_\_\_

\_\_\_\_\_

Have there been any changes 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? Details:

\_\_\_\_\_

How often do you feed your animal?

\_\_\_\_\_

Indicate which foods are eaten and in what amounts:

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

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

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

· Meat (type and amount): \_\_\_\_\_

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

· Other: \_\_\_\_\_

Do you use any nutritional supplements? N· Y· , if yes what, how much, and how often;

\_\_\_\_\_

What water supply do you provide? Tap water· Bottled water· Other

How is water provided? Bowl· Dripper system· Spray, how often; \_\_\_\_\_

How often is the water changed? \_\_\_\_\_

Do you use any water 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; \_\_\_\_\_

Where is the cage located? Inside  Outside

What is the cage made of? \_\_\_\_\_

What size is the cage? \_\_\_\_\_

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

What décor and furnishings are present? \_\_\_\_\_

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

How often is the cage cleaned? \_\_\_\_\_

What cleaning/disinfectant agents are used? \_\_\_\_\_

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

Is the animal supervised when out of the cage? N  Y

Does your bird have regular exposure to sunlight? N  Y  UV Light? N  Y

Frequency and length of time for each: \_\_\_\_\_

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

Does anyone in the household smoke? N  Y  Do you use any aerosolized products or scented products (i.e. candles/sprays)? N  Y

Have there been any changes in the bird's environment in the last 3 months? N  Y  Details: