

AVIAN HISTORY FORM

Client Name (last, first):

Date of Visit: _____



Carrollton West Pet Hospital
3729 Old Denton Road
Carrollton, Texas 75007
(972) 492-1828

General History

Bird's Name _____ Sex: M ___ F ___ UNK _____
How was bird sexed? Blood Test _____ Surgical? _____
Any Specific Identification? (i.e.: tattoo, band, microchip) _____
If bird is female, has she produced eggs in the past? (if yes, please describe) _____
Bird is a : Pet _____ Breeder _____
How did you acquire the bird? Store ___ Breeder ___ Other (describe) _____
Date acquired? _____
Do you have any other pets? Y ___ N ___
If yes, please specify including ages and when acquired _____

Housing

Is this bird kept: Indoors ___ Outdoors ___ Both ___?
(if both, please specify % time in each) _____
How is your bird housed? Cage ___ Aviary ___ Free in the house ___
Is the bird housed alone? Y ___ N ___ If no, describe _____
If bird is caged, what type of cage? _____
What do use on the bottom of the cage? _____
How often is the cage cleaned? _____
Method/ frequency of cleaning food/ water dishes _____
Any toys in the cage? Y ___ N ___ If yes, describe _____
Has the bird's environment changed recently? Y ___ N ___ If yes, describe _____
At night, do you cover the bird? Y ___ N ___
How many hours of darkness does the bird have each day? _____

Diet:

What foods are offered to your bird/ in what total percentages? (ie: 50% seed, etc)

What percentages of these foods do you remove from the cage at night? _____

Any supplements offered? Brand name? _____
Any treats offered? Type? How often? _____
Any recent diet changes or new foods? Y ___ N ___ If yes, describe _____
How is water offered? (ie: sipper bottle, bowl) _____

Reason For Today's Visit:

What signs have you noticed that prompted today's visit? _____

How long have you noticed the problem? _____
Has your bird been sick previously? _____
Has the bird ever been seen by any other veterinarian? Y ___ N ___ If yes, when/ why? _____

Have any tests been performed previously on your bird? Please circle all that apply:
Psittacosis; CBC; Psittacine Beak and Feather Disease; Polyoma Disease; Parasites; Other blood work (please describe)

Additional comments (your comments regarding the reason for this visit): _____
