

AVIAN HISTORY FORM – Date: _____ Dr: _____ Ref: _____

Owners Name: _____ Phone: _____

Address: _____

City _____ State _____ Zip _____

Bird's Name: _____ Species: _____ Sex: M F Unknown

How was the sex identified? Surgically DNA (feather test) other (describe)

Identification (show number): Tattoo _____ Microchip _____ Band _____

Bird is a: pet Breeder (has produced young or eggs) describe _____

Source of bird: Store Private party Breeder Other (describe) _____

Date acquired: _____ Wild-caught Domestic bred

Has the bird been quarantined? Commercial Private None Length of quarantine _____

Other birds kept in the same quarantine: _____

Did any of those birds die or become ill during that quarantine period? Yes no

Give details: _____

Present environment:

Bird is kept in: a cage aviary free in the house wings trimmed: yes no

Other birds in the same cage or aviary: _____ List other birds on the premises, indoors or outdoors:

Are any of those birds sick? Yes no Have any died? Yes no If yes, give details: _____

List other pets in the home or yard: _____

List toys available to the bird: _____

What do you use on the bottom of the cage? _____ Can the bird reach it? Yes no

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

Frequency of cage cleaning: _____

Method / frequency of cleaning of food / water receptacles _____

How many hours of darkness does the bird have each day? _____ Hours.

Diet: Pelleted food alone (brand) _____ seeds Table foods A Combination

Describe diet or eating habits: _____

Amount offered to the bird each day: _____ Amount the bird eats each day: _____

How is water offered cup tube other

Recently added food or dietary changes: _____

What signs have you noticed regarding this bird, this incident? (Check 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 other: _____

What tests has the bird been given? (Check all that apply): Psittacosis; psittacine beak and feather disease; polyornavirus; parasites; other _____

List vaccines the bird has been given and date given? _____

Has the bird been seen by any other veterinarian? Yes no When/ Why? _____

Has the bird been dewormed? Yes no

What treatment was used for deworming? _____

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

I have received and read the brochure on chlamydiosis. (Check here)

Signature: _____ Date: _____

I was referred to your clinic by: _____