

Avian History Form

Wright Veterinary Medical Center

3247 Wimmer Road

Bethlehem PA 18020

610-865-2611

A detailed history is essential to provide the most appropriate veterinary care for your pet.

Please complete this form as accurately as possible. If there is anything you are unsure of, you can discuss it in more depth with the veterinary staff during your appointment

Animal Details:

Last Name _____ Pet Name _____ species scientific name _____

Date of birth _____ Sex : Female ___ Male ___ Neutered/spayed: Yes ___ No ___ Don't know _____

Determined by: DNA ___ Endoscopy ___ Visual ___ Other _____

Origin: Captive bred ___ Wild caught import ___ unknown _____ How long have you had this bird _____

Where was the bird obtained ? _____

Does this bird have reproductive history? Yes ___ No ___ Please give details _____

When did this bird last molt? _____ How often ? _____

If this bird vaccinated? Yes ___ No ___ Please give details _____

Does this bird get wings trimmed? Yes ___ No ___ Please give details _____

Do you have other birds or pets Yes ___ No ___ Please give details _____

Have you or this bird had any contact with other birds in the past 30 days? Yes ___ No ___

Please give details _____

When was the last bird added to your household? _____

Reason for today's visit

What is the primary issue or signs that you are noticing ? _____

How long have they been present? _____

List any health issues that this bird has had in the past _____

Has this bird received treatment in the last 30 days? Yes ___ No ___ Please give details. Including medication name and dosages _____

Have you noticed any changes in this birds behavior? Yes ___ No ___ Please give details _____

Diet

How often do you feed the bird _____

Please indicate which foods are fed, the brand and the amount

Seed Mixture _____ Pellets _____
Fruits _____ Vegetables _____
Meat _____ Freshly killed ___ Frozen ___ Thawed ___ Live ___ Prey ___
Treats _____ Nutritional supplements _____
Other _____

What water supply do you provide Tap water _____ Bottled water _____ Rain/River water _____

How is the water supplied? Bowl _____ Dripper system ___ Spray _____

How often is the water changed? _____

Do you use water supplements? Yes ___ No ___ Please give details _____

Have you noticed any changes in feeding or drinking behaviors? Yes ___ No ___ Please give details _____

Have you noticed any changes in droppings (fecal material, urine and urates) Yes _____ No _____

Please give details _____

Cage Environment

Where is the cage located? Inside ___ Outside ___ Please give details _____

What is the cage made of _____

What type/brand of bedding is used _____

What décor and furnishings are in the cage? Nest box ___ Perches ___ Swings _____ Toys ___ Other _____

Please give details _____

Are bathing/spraying facilities provided? Yes- ___ No ___ Please give details _____

How often is the cage cleaned? _____

What cleaning/disinfectant agents are used? _____

What percentage of time does your bird spend inside the cage? _____

Outside of the cage? _____

Is the bird supervised when out of the cage? Yes ___ No ___ Please give details _____
