



AVIAN HISTORY FORM

Patient:

Client:

Species:

Breed:

Age:

Color:

General Information

Sex: Male Female

Determined By: DNA Surgically Unsure Other:

Does your Bird have any identifying marks: Microchip Tattoo Band

This Bird is a: Pet Breeder Falconry

Is your Bird: Wild Caught Domestically Bred Imported

If imported, where was your Bird isolated:

Were there others in isolation with your Bird:

Did any birds in isolation die: Yes No

Where did you get your pet: Breeder Pet Store Friend/Family Rescue
 Found Caught

Was your Bird quarantined: No Yes. It was quarantined at:

What has your Bird been vaccinated against:

What tests have been done on your Bird: Psittacosis PBFD (Beak and Feather Disease) PDD
 Polyoma Newcastle's Disease Aspergillosis Avian Pox Fecal Analysis

Husbandry

How is your Bird kept: Aviary Cage Free Flight Coop
 Mewed Indoors Outdoors Separate Room
 Kept Near Family

What other Birds live in the house:

What toys does your Bird have: Bells Rope Toys Leather Toys Wood Toys Swings
 Shreddables Ladders Plush Toys Mirrors

What perches does your Bird have: Natural Branches Plastic Metal Rope
 Sand Paper Stone None

What is on the bottom of the cage: Newspaper Corn Cob Kitty Litter Towel(s) Tile
 Paper Towel(s) Wood Shavings Rubber Mat Sand Paper

Do you cover your Bird at night: Yes No How many hours of darkness:

Diet

What does your Bird eat: Pellets Seeds & Nuts Vegetables/Fruits Whole Prey
 Formula Table Scraps

How often is food offered:

How is water offered: Bowl/Dish Tube How Often:

How is your Bird bathed: None Misting Water Dish Sink Shower