

Avian History Form

Brown County Veterinary Hospital
1476 University Ave. Green Bay, WI 54302
(920)435-5000

Your bird's name: _____ Sex: M F Unknown Age: _____

How was the sex determined? _____

If your bird is female, have you seen any egg laying? _____

This bird is a: Pet Breeder

Where did you get your bird (breeder, private home, pet store, surrendered) _____

If your bird was surrendered to you, why? _____

Was your bird handfed? _____

Was your bird domestically raised or imported? _____

How long have you owned your bird? _____

When was your bird's last molt? _____

Are there other pets in the house? If yes, how many and what kind? _____

Have there been any recent changes in the household? (new people, pets, remodeling) _____

Housing

Where is your bird kept, and what percent of the time _____

When indoors, what percent of the time is spent in a cage vs. free in the house (supervised/unsupervised)? _____

Describe your bird's cage (size, shape, toys, perches). _____

Is your bird housed alone? _____

If there are other birds, where are they kept in relation to your bird? _____

List day and night temperatures of the cage. _____

Is UV light supplied to your bird? What is the source? _____

What do you cover the bottom of the cage with? _____

How often is the cage cleaned and what cleaners are used? _____

How is your bird bathed? How often? _____

Does anyone smoke inside the house? _____

Diet

What foods are offered and in what amounts? (e.g., free choice pellets, a piece of broccoli and a teaspoon of seeds) _____

What foods are accepted by your bird and in what percentage? (e.g., 90% seeds, 10% table food) _____

What treats are given? _____ How often? _____ How many? _____

Have there been any recent diet changes? Describe: _____

How is water offered? (e.g., sipper bottle, bowl, cage cup) _____



Health

Have you noticed any changes in your birds behavior? (e.g., started screaming, became aggressive, started feather damaging) _____

Have you noticed a change in your birds droppings? _____

Do you have your bird's wings trimmed? If yes, why? _____

Is any one in your house immunocompromised? (very young or old, receiving chemotherapy or an organ transplant) _____



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 your bird been seen by another doctor? If yes, when and for what reason? _____

Have any tests been previously conducted on your bird? (blood work, x-rays, fecal tests, other) _____

Does your bird take any medications? If yes, what kind and for how long? _____

Additional comments, concerns, or requests: _____