

<b>Avian History Form</b>		Date: _____	
RDVM info: _____		Admitting Clinician: _____	
		Appt. Time: _____	
Name of Bird: _____	Species: _____	Age: _____	Pet Bird/Breeder
<b>Background Information:</b> Length of time owned: _____ Where acquired? Breeder <input type="checkbox"/> Pet Store <input type="checkbox"/> Other _____ Vaccination History _____ When was last molt? _____ Character of feces _____ How often is bird handled? Daily <input type="checkbox"/> Occasionally <input type="checkbox"/> Never <input type="checkbox"/> Is bird ever taken outside? Y/N			
<b>Husbandry:</b> Housed Indoors/Outdoors? _____ Where is cage located? _____ Type of Caging: _____ Size of Caging _____ Galvanized? Y/N Cage Substrate? _____ How often is cage cleaned? _____ What type of disinfectant is used when cleaning cage? _____ Types of toys/perches offered? _____			
<b>Nutrition:</b> <u>Type of food offered:</u> --Pellets? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, what brand? _____ Amount fed/frequency _____ --Seed? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, what type? _____ Amount fed/frequency _____ --Fruits? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, what types? _____ Amount fed/frequency _____ --Vegetables? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, what types? _____ Amount fed/frequency _____ Types of Supplements/Treats offered _____ Water Source: _____ How often is water changed? _____ Any other birds No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, specify _____ Any other pets? No <input type="checkbox"/> Yes <input type="checkbox"/> Specify _____ Birds are housed together or singly? _____ If not housed together, where are other birds located? _____ Any new additions to the bird population? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, specify _____ --Were the new additions properly quarantined separate from rest of bird population? _____			

**Past Medical History/Problems:**

**Current Presenting Problems:**

**Duration of Problem:**

