

AVIAN MEDICAL HISTORY FORM

Owner: _____ Date: _____
Pet Name: _____ Breed: _____
Color: _____ Age / Birthdate: _____ Sex: M F Unknown

ABOUT YOUR BIRD AND THEIR ENVIRONMENT

1. How was your bird obtained: Breeder Pet store Friend Other: _____
2. Your bird is: Imported Domestic bred Hand raised Unknown
3. How long have you owned this bird: _____ Number of birds in household: _____
4. Type of bird food & treats: _____
5. Type of cage: Metal Wood Plastic Other: _____
6. Cage Size: _____ Type of toys: _____
7. Does your bird have cage mates: Y _____ N
8. How often does your bird come out of the cage for socialization: _____
9. Cage location in the home: _____
10. Recent changes in the home (moving, baby, etc.): _____
11. How is your bird's appetite: Normal Other: _____
How is your bird's attitude: Happy-Active-Normal Depressed-Lethargic Other: _____
Has your bird's water consumption: Increased Decreased _____
How is your bird's feather condition: Good- Normal Picking Mites Other: _____
12. Do you notice any of the following: Nasal discharge Eye discharge Lethargy / weakness
 Weight loss Bald spots Recent changes in feces: Color Consistency Size

YOUR BIRD'S MEDICAL HISTORY

1. Previous veterinary hospital: _____
May we request your records from their office? Yes No First visit to a veterinarian
2. Has your bird had the following in the last 12 months:
Physical examination: Yes date: _____ No Unsure
Wing trim / Beak shaping / Nail trim: Yes date: _____ No Unsure
Fecal sample test: Yes date: _____ No Unsure
3. Has your bird been tested for the following in the last 12 months:
Psitticine beak & feather disease: Yes date: _____ No Unsure
Psittacosis (Chlamydia): Yes date: _____ No Unsure
Polyoma virus: Yes date: _____ No Unsure

COMMENTS: _____