

**Animal Medical & Surgical Center  
Avian History Form**

Chart# \_\_\_\_\_

Date: \_\_\_\_\_ Owner \_\_\_\_\_ Phone# \_\_\_\_\_

Name of bird: \_\_\_\_\_ Species: \_\_\_\_\_ Age: \_\_\_\_\_ Pet Bird or Breeder (circle one)

**Background Information**

Length of time owned: \_\_\_\_\_ Where acquired: Breeder \_\_\_\_\_ Pet store \_\_\_\_\_ Other \_\_\_\_\_

Vaccination History: \_\_\_\_\_ When was last molt? \_\_\_\_\_

Character of feces: \_\_\_\_\_ How often is the bird handled? Daily \_\_\_\_\_ Occasionally \_\_\_\_\_ Never \_\_\_\_\_

Is the bird ever taken outside? No \_\_\_\_\_ Yes \_\_\_\_\_ Does anyone smoke around the bird? No \_\_\_\_\_ Yes \_\_\_\_\_

**Husbandry**

Housed indoors/outdoors? \_\_\_\_\_ Where is the cage located? \_\_\_\_\_

Type of caging: \_\_\_\_\_ Size of caging: \_\_\_\_\_ Galvanized? No \_\_\_\_\_ Yes \_\_\_\_\_

Cage substrate: \_\_\_\_\_ How often is the cage cleaned? \_\_\_\_\_

What type of disinfectant is used when cleaning the cage? \_\_\_\_\_

Types of toys/perches offered: \_\_\_\_\_

Any other birds? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please specify: \_\_\_\_\_

Birds are housed: Together \_\_\_\_\_ Single \_\_\_\_\_

If not housed together, where are other birds located in regards to this bird? \_\_\_\_\_

Any new additions to the bird population? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please specify: \_\_\_\_\_

Were new additions quarantined from the rest of the bird population? \_\_\_\_\_

Any other pets? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please specify: \_\_\_\_\_

**Nutrition**

Types of food offered:

Pellets? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, what brand? \_\_\_\_\_ Amount fed/frequency \_\_\_\_\_

Seed? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, what type? \_\_\_\_\_ Amount fed/frequency \_\_\_\_\_

Fruits? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, what type? \_\_\_\_\_ Amount fed/frequency \_\_\_\_\_

Vegetables? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, what type? \_\_\_\_\_ Amount fed/frequency \_\_\_\_\_

Types of supplements/treats offered: \_\_\_\_\_

Water source: \_\_\_\_\_ How often is water changed? \_\_\_\_\_

**Past medical history/problems:** \_\_\_\_\_

**Current presenting problem(s):** \_\_\_\_\_