

PET'S PAW ANIMAL HOSPITAL
Avian History Form

(This information will become a permanent part of your bird's medical records. Please take time to complete it as carefully as possible. Thank You!)

PLEASE CIRCLE FOR YES/NO

Birds Name: _____ **Owners Name:** _____ **Date:** _____

1. How long have you had this bird? _____
 2. From what source did you acquire it? ___ Pet Shop ___ Breeder ___ Other
 3. What do you feed your bird? (Please be Specific) _____
Seeds _____ % of diet Fruit _____ % of diet
Vegetables _____ % of diet Pelleted Food _____ % of diet
 4. What time does your bird go to bed? _____
 5. Do you give any supplement? Yes / No
If yes, what kind/Brand of supplement _____
 6. Does your bird appear to have any problem(s)? Yes / No
If yes, what symptoms have you noticed? _____
 7. Has your bird had any history of illness? _____
 8. Has your bird received any medications recently? Yes / No
If yes, please list them _____
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9. Have there been any recent changes in your bird's environment? Yes / No
If yes, please explain _____
 10. Has your bird appetite changed in any way? Yes / No
If yes, please explain _____
 11. Has there been any change in the color/consistency in your bird's feces?
Yes / No
 12. Have you noticed any signs of respiratory problems? Yes / No
 13. Have you noticed any regurgitation? Yes / No
 13. Does your bird have any cage mates? Yes / No
If yes, are they showing any signs of illness? Yes / No
 14. Have any new birds been exposed to any other birds (including wild birds)? Yes/No (e.g. boarding, pet shop, etc.)
 15. Has your bird had any blood, culture, or fecal test recently? Yes / No
 16. Have any new birds been added to your aviary or household? Yes / No