

Avian History Form

Please take the time to fill out this information to help us provide the best care possible for your bird.

Name of Responsible Caretaker_____

Name of Bird_____ Species/Type_____ Sex (if known)/How Determined_____

Date of Birth_____ Identification (band, tattoo, microchip)/Number_____

Date Bird was Acquired_____ Source_____ Reason Acquired (Pet/Breeder/Other)_____

Do you have other birds in your home? (Y/N) If yes, date and type of last addition_____

Has this bird been in the proximity of birds outside your home? (Y/N) If yes, where and when_____

How is this bird housed? Caged/Aviary/Free Roaming/Other Please Describe_____

For birds housed indoors, does anyone in your household smoke? (Y/N)_____

Brand and Size of Cage_____ Where is the cage located?_____

Describe Method and Frequency of Cage Cleaning_____

Describe Toys and Perches Available (dowels, branches, manzanita, rope, concrete, plastic, etc.)_____

Type of Diet: ☐ Pellets (Brand/Amount)_____

☐ Seeds (Type/Brand/Amount)_____

☐ Vegetables (Type/Amount)_____

☐ Fruit (Type/Amount)_____

☐ Table Food (Type/Amount)_____

☐ Supplements or Vitamins (Type/Amount/How Given)_____

☐ Handfeeding (Brand/Amount/Frequency)_____

☐ Other (Describe)_____

Any recent changes to diet or home (Y/N) Describe_____

Frequency of misting/bathing_____ Hours of undisturbed darkness per night_____

Has this bird previously been seen by a Veterinarian (Y/N) Describe pertinent medical history including vaccinations and Disease screening (if known)_____

Has this bird had any behavioral problems? Describe_____

If your bird may be ill, describe symptoms and when first noticed (lethargy/diarrhea/regurgitation/not eating/change in vocalizations/nasal discharge/sneezing/difficulty breathing/etc.)_____