



## 24 Hour Emergency & Specialty Care

### Avian History Form

DATE: \_\_\_\_\_

CLIENT ID: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

Instructions: An accurate history of your pet is extremely important. We would appreciate your cooperation in providing us with the following information. Please check the appropriate boxes or use the spaces provided.

#### 1. Patient information

Species:

Gender:  Male  Female  Unknown

If sexed previously, method used to determine:

Date of hatch (if known):

Date acquired:

Source (pet store, breeder, previous owner):

Number of previous owners (other than breeder, store):

What states and countries has your bird lived in?

#### 2. Environment

What room(s) is your bird kept in?

Describe the cage- type, size, perches, toys, other furnishings:

What is on the bottom of the cage?

Are there are other birds in the house?  No  Yes - If so, what types are they and when were they acquired?

List any other pets that you have:

Do you regulate the temperature near the cage?

How much time does your bird spend outside of the cage?

Is your bird supervised when it is out of the cage?  At all times  Sometimes  No

Does your bird chew on walls, furniture, or other household objects?

List recent changes in the environment, if any:

#### 3. Exposure history

Has your bird been exposed to any other birds besides your own?  No  Yes - If yes, indicate exposure:

Toxins

Does anyone in the house smoke?  Yes  No

Is your bird exposed to kitchen fumes?  Yes  No

Do you have non-stick cookware?  Yes  No

Does your bird chew on houseplants?  No  Yes, describe:

In what year was your house/apartment built?

Does your bird chew on painted surfaces (such as walls or windowsills)?  Yes  No

Dust: Is there an unusual amount of dust, or any construction near your home?  Yes  No

Do you have air filtration?  Yes  No



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Please list any air fresheners, cleaning products, deodorizers, or insecticides that are used in the same room as your bird:

Please list other possible toxins or irritants:

### 4. Diet

What percent of your bird's diet consists of the following (please describe what the bird actually eats, not what is offered):

Bird pellets: ____%	Brand(s):
Seed mixture: ____%	Types/brand(s):
Table food: ____%	Types:
Other: ____%	Types:

How often do you change your bird's food?

Treats - List types and frequency:

Supplements:

Multi-vitamin in water or food? [ ] No [ ] Yes - If so, indicate brand and frequency:

Minerals: powder, cuttlebone, block, oyster shell. Does your bird eat any of these? [ ] Yes [ ] No

Is grit offered? [ ] Yes [ ] No

Water source:

Please describe any recent additions/changes to your bird's diet:

### 5. Vaccinations

Please list any vaccine(s) has your bird had and when they were given:

### 6. Reproductive

Do you plan on breeding this bird? [ ] Yes [ ] No [ ] Possibly

How many clutches of eggs has your bird laid?

Or does your bird lay continuously?

When was the most recent egg?

Was the egg normal, thin shelled, misshapen?

How many babies have been hatched from this bird?

Were they healthy? [ ] Yes [ ] No

Describe any past reproductive problems or problems with offspring:

### 7. Does your bird have any behavioral problems?

[ ] Feather picking

[ ] Screaming

[ ] Biting, aggression

[ ] Fear of people

[ ] Other (describe):

### 8. Previous Conditions, Problems, Or Operations (list with date, if known):



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9. Is your bird here for:

- A well-bird check up (ie, no major health concerns)? If so, please skip to section 11.  
 A sick / unhealthy evaluation with health concerns.

If your bird is sick, please describe the signs and how long the bird has been showing these signs:

Is your bird eating normally?  Yes  No - Describe:

Have you noticed any of the following:

- Weight loss?  
 Weight gain?  
 Sneezing?  
 Discharge from the eyes or nose?  
 Increased breathing rate or effort?  
 Decreased ability to fly or exercise?  
 A change in the voice?  
 A change in the droppings?  
 Abnormal feathers?  
 Weakness in the legs or wings?

10. Has your bird been seen by another veterinarian for any of the current problems?

- No  Yes - If yes, when?

Please list tests performed:

Please list medications given:

11. Is there anything else you would like done today?

- Nail trim  
 Beak trim  
 Wing trim  
 I have questions about:

Other:

If your bird is hospitalized, may we have permission to trim the wings? This will make medicating your bird less stressful (both in the hospital and at home)?  Yes  No

Did you know that avocado ingestion and fumes from Teflon (and other non-stick surfaces) on cookware, self-cleaning ovens, or heaters can be fatally toxic to pet birds?  Yes  No

Please ask us if you need help making your home bird-safe.