

Research Pet and Bird Hospital Avian History/Husbandry Form

Date _____

PATIENT INFORMATION

Name: _____

Species (common and scientific name, if known): _____

Age: _____

Sex: Male Neutered male Female Spayed female Unknown

How was the bird sexed? Blood Test (DNA) Surgical (endoscopy) Visually

Color/Markings _____

Any specific identification? Tattoo Leg band Microchip Other

Please describe ID location and details: _____

Who may we thank for referring you to Research Pet and Bird hospital? _____

Reason For Today's Visit:

What signs have you noticed that prompted today's visit? _____

How long have you noticed the problem? _____

Has the problem gotten worse, better or stayed the same? _____

Have you noticed any of the following signs? (please mark all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Behavior change | <input type="checkbox"/> Vomiting/regurgitation | <input type="checkbox"/> Change in thirst |
| <input type="checkbox"/> Lethargy/change in exercise | <input type="checkbox"/> Change in stool quality | <input type="checkbox"/> Change in appetite |
| <input type="checkbox"/> Nasal or ocular discharge | <input type="checkbox"/> Change in urine/urate | <input type="checkbox"/> Change in weight |
| <input type="checkbox"/> Sneezing | <input type="checkbox"/> quality/color | <input type="checkbox"/> Scratching |
| <input type="checkbox"/> Increased breathing rate or effort | <input type="checkbox"/> Change in urine volume | <input type="checkbox"/> Feather loss/abnormalities |
| <input type="checkbox"/> Change in voice/vocalization | <input type="checkbox"/> Lameness/weakness | |

Has your bird been sick previously? Yes No If yes, please describe: _____

Has your bird ever been seen by another veterinarian? Yes No _____

Is your bird currently on any medication? Yes No If yes, please describe: _____

Have any tests been performed previously on your bird? (Please mark all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Psittacosis (Chlamydia) | <input type="checkbox"/> Beak and Feather Disease | <input type="checkbox"/> Radiographs (X-rays) |
| <input type="checkbox"/> CBC | <input type="checkbox"/> Polyomavirus | <input type="checkbox"/> Other tests (describe): |
| <input type="checkbox"/> Chemistry panel | <input type="checkbox"/> Parasite examination | _____ |

Has any member of your household (human or animal) had an illness in the last month? Yes No

(over)

Environment and diet play a fundamental role in the health of exotic pets. In order to obtain the best assessment of your pet's health and therefore provide the most appropriate care, it is very important that we have very detailed information regarding your pet.

General History

How did you acquire the bird? Store Breeder Other (describe) : _____

Source: Captive bred Wild caught (Imported) Unknown

Date acquired: _____ Age when acquired: _____

Bird is a: Pet Breeder Other (describe) : _____

Has any reproductive activity been noted? Yes No _____

When was your bird's last molt? _____

Is your bird vaccinated? Yes No If yes, please list vaccines and dates: _____

Do you have your bird's wings trimmed? Yes No _____

Do you have any other birds/ pets? Yes No _____

Any contact between humans or birds in your household with any other birds in last 1-3 months? Yes No

Housing

Is this bird kept: Indoors Outdoors Both Cage Aviary Free in the house

Is your bird allowed outside of the cage? Yes No If yes, how often: _____

Is the bird supervised at all times when out of the cage? Yes No If no, describe: _____

Is the bird housed alone? Yes No If no, explain: _____

Please describe type/size of cage? _____

What cage furniture is present? Perches Toys Swings Nestbox Other

What do you use on the bottom of the cage? _____

Is a grate present? Yes No

How often is the cage cleaned/how? _____

How often are the food/water dishes cleaned/method of cleaning: _____

Please describe any bathing/shower activity provided (including how often): _____

Has the bird's environment changed recently? Yes No If yes, describe: _____

What is the nighttime procedure for your bird? Cage covered Placed in nighttime cage No change

How many hours of undisturbed darkness does the bird have in each 24 hour period? _____

Does the bird have any exposure to full spectrum (UV A or B) lighting? Yes No

If yes: Direct sunlight Sunlight through window Special bulbs (please describe) _____

Do any smokers live in the house or visit regularly? Yes No (describe) _____

Are any of the following present in your home? Sprays (air fresheners, insecticides, cleaning products, etc.)

Candles Fireplaces Teflon cookware Wood or oil burning heaters Houseplants to which the bird has access Painted or linoleum surfaces to which the bird has access Dust (within the home or nearby construction) Any other possible toxins or irritants? _____

Diet:

How often is food offered to your bird? _____

What specific types of foods are offered (please list brands where appropriate as well as amount fed)?

Pellets - Brand: _____ Seed Mix - Brand/type: _____

Vegetables - Type: _____ Fresh Frozen/thawed Dehydrated Other

Fruit - Type: _____ Fresh Frozen/thawed Dehydrated Other

Proteins (tofu, meat, eggs, cheese) – Type: _____

Treats - Type: _____ Other: _____

How much of these foods are actually consumed daily? _____

Any supplements offered? Yes No If yes, which brand and how often? _____

Any recent diet changes or new foods? Yes No If yes, describe: _____

How is water offered? Bowl Sipper bottle Other (describe) _____

Which water source do you provide? Tap water Bottled water Well water Rainwater

How often is the water changed? _____