6 – 34 Southridge Drive Okotoks, AB T1S 2G5
Ph (403)938-3791 Fax (403)938-3795
www.foothillsanimalhospital.ca

AVIAN HISTORY FORM

Client Name: ____ Patient Name: ____

Address: ____ Species: ____

____ Breed: ____

____ Sex: ____

Telephone: ____ Colour: ____

Telephone: ____ Date Of Birth: ____

Today's Date: ________________________

Bird Identification

What is the bird's sex?

☐ Male ☐ Female ☐ Unknown

How was sex determined?

☐ DNA (blood/feather) ☐ Surgically ☐ Other:_________________

Identification:

☐ Microchip ☐ Band ☐ Tattoo

Bird Purpose:

☐ Pet ☐ Breeder ☐ Other:_________________

Source of bird:

☐ Store ☐ Breeder ☐ Other:_________________

☐ Wild-caught ☐ Domestic-bred ☐ Adoption/Rescue

Date acquired: ________________________

Has the bird been quarantined?

☐ Yes ☐ No ☐ Commercial ☐ Private

Length: ___________________________

Did any of those birds die or become ill during the quarantine?

☐ Yes ☐ No ☐ Details:________________

Present Environment

Bird is kept in:

☐ Cage ☐ Free in home ☐ Outdoors

☐ Aviary ☐ Indoors

Size and location of bird's enclosure: ____

Other birds in same cage or aviary?

☐ Yes ☐ No

List other birds on the premises, past or present: ____

Are any of those birds sick?

☐ Yes ☐ No

Have any died?

☐ Yes ☐ No ☐ Details:________________

List other pets in the home or yard: ____

List toys available to the bird: ____

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

Can bird reach it?

☐ Yes ☐ No

How often is the substrate changed? : ____

Frequency of cage cleaning and products used: ____

Method and frequency of cleaning food and water receptacles: ____

Sleeping habits: Hours of darkness: ____

☐ Covered ☐ Uncovered ☐ In Sleeping cage ☐ In regular cage

Any activity around cage when bird is sleeping? (describe):____

Exposure to UVB:

☐ None

☐ Direct Sunlight ☐ UVB bulb How many hours? ______________

What is the current diet (including brands of products):

☐ Pellets: _________________________ ☐ Fresh fruit/veg:_________________________

☐ Seeds: _________________________ ☐ Other:_________________________

Volume of food offered:

☐ Pellets: ___ ☐ Seeds: ___ ☐ Fresh food: ___ ☐ Other: ___

Amount of what bird consumes:

☐ Pellets: ___ ☐ Seeds: ___ ☐ Fresh food: ___ ☐ Other: ___

How often is food replaced? ____

How is the bird bathed? _____________________________ How often? ______________________________

Medical History

Previous illness or injury: ____

Previous medications: ____

Any current medications:

☐ Yes ☐ No Describe:

Wing trimming:

☐ Yes ☐ No Method:

Date of last examination: ____

Behavioral history

Any behavioral issues?

☐ Yes ☐ No Describe:

How long has it been an issue? ____

Any previous or current treatments for behavioral issues? ____

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Reproductive history:

If female, any history of egg laying?

☐ Yes ☐ No

If yes, when was the last clutch? ____

How often does egg laying occur? ______________________ How many eggs are produced? ___________

Are eggs fertile?

☐ Yes ☐ No

If fertile, are offspring viable when hatched?

☐ Yes ☐ No Describe issues:

Current Health Status

Reason for visit:

☐ Wellness Exam ☐ Illness Exam

If ill, describe signs and symptoms: ____

How long has problem been occurring? ____

Any treatments tried?

☐ Yes ☐ No If yes, what?

Mark any of the following symptoms seen:

☐ Fluffed feathers
☐ Anorexia or reduced appetite
☐ Regurgitation
☐ Loose droppings
☐ Sneezing
☐ Coughing
☐ Tail bobbing
☐ Open beak breathing
☐ Ocular or nasal discharge
☐ Weakness
☐ Droopy limb
☐ Seizures

Characteristics of droppings:

☐ Formed
☐ Diarrhea
☐ Blood
☐ Increased Urine

Stool color: ___________ urate color: ___________ other changes/abnormalities: ___________

Any other concerns? ____
____
____
____
____

Thank you for your information!