

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

	AV	ΊΑ	N HISTORY	FORM	
Client Name:			Patier	nt Name:	
Address:					
Telephone:					
Telephone:			Date 0	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 i	II during		•		
☐ Yes			No		Details:
Present Environment					
Bird is kept in:					
□ Cage			Free in home		Outdoors
☐ Aviary			Indoors		
Size and location of bird's enclosure: $_{ extsf{-}}$					
Other birds in same cage or aviary?					
□ Yes				□ No	
List other hirds on the premises past	or nrese	nt·			



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Are any of those birds sick?			
□ Yes	□ No		
Have any died?			
□ Yes	□ No		Details:
List other pets in the home or yard	d:		
List toys available to the bird:			
What do you use on the bottom o			
Can bird reach it?			
□ Yes	□ No		
How often is the substrate change	d?:		
Frequency of cage cleaning and pr			
Method and frequency of cleaning			
Sleeping habits: Hours of darkness			
☐ Covered	☐ Uncovered	☐ In Sleeping cage	☐ In regular cage
Any activity around cage when bir	d is sleeping? (describe):		
Exposure to UVB:	· • · · · · · · · · · · · · · · · · · ·		
□ None			
☐ Direct Sunlight	☐ UVB bulb	How mar	ny 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?			
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 treatment			
, ,			



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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? Yes No If fertile, are offspring viable when hatched? Yes No If fertile, are offspring viable when hatched? Yes No If least 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: If liffed feathers Sneezing Weakness Anorexia or reduced Coughing Droopy limb appetite Tail bobbing Seizures Anorexia of droppings Characteristics of droppings: Formed Blood Diarrhea Increased Urine Stool color: urate color: other changes/abnormalities: Any other spaceure?	Reproductive history:				
If yes, when was the last clutch? How often does egg laying occur? Are eggs fertile? Yes No If fertile, are offspring viable when hatched? Yes No Describe issues: Wellness Exam Illness Exam If ill, describe signs and symptoms: How long has problem been occurring? Any treatments tried? Yes No If yes, what? Weakness Fluffed feathers Sneezing Weakness Anorexia or reduced Coughing Droopy limb appetite Tail bobbing Seizures Regurgitation Open beak breathing Loose droppings Ocular or nasal discharge Characteristics of droppings: Formed Blood Diarrhea Increased Urine Stool color: urate color: other changes/abnormalities:	If female, any history of egg laying?				
How often does egg laying occur? How many eggs are produced? Are eggs fertile? No If fertile, are offspring viable when hatched? No Describe issues: Yes	□ Yes			No	
Are eggs fertile? Yes	If yes, when was the last clutch?	 			
□ Yes □ No If fertile, are offspring viable when hatched? □ Yes □ No Describe issues: No Describe issues:	How often does egg laying occur?	 		How many eggs a	re produced?
If fertile, are offspring viable when hatched? Yes	Are eggs fertile?				
Current Health Status Reason for visit: Wellness Exam Illness Exam Illness Exam If ill, describe signs and symptoms: How long has problem been occurring? Any treatments tried? Yes Yes No Mark any of the following symptoms seen: Sneezing Fluffed feathers Sneezing Anorexia or reduced Coughing appetite Tail bobbing Regurgitation Open beak breathing Loose droppings Ocular or nasal discharge Characteristics of droppings: Formed Blood Diarrhea Increased Urine Stool color: other changes/abnormalities:	□ Yes	No			
Current Health Status Reason for visit: Wellness Exam	If fertile, are offspring viable when hatched?				
Reason for visit: Wellness Exam	□ Yes	No	Describe issue	es:	
□ Wellness Exam □ Illness Exam If ill, describe signs and symptoms:	Current Health Status				
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 Sneezing Weakness Anorexia or reduced Coughing Droopy limb appetite Tail bobbing Seizures Regurgitation Open beak breathing Loose droppings Ocular or nasal discharge Characteristics of droppings: Formed Blood Diarrhea Increased Urine Stool color: other changes/abnormalities:	Reason for visit:				
How long has problem been occurring?	☐ Wellness Exam	Illness I	Exam		
How long has problem been occurring?	If ill, describe signs and symptoms:	 			
Yes No If yes, what? Mark any of the following symptoms seen: Sneezing Weakness ☐ Fluffed feathers Coughing Droopy limb ☐ Anorexia or reduced Coughing Seizures ☐ Regurgitation Open beak breathing ☐ Loose droppings Ocular or nasal discharge Characteristics of droppings: Blood ☐ Formed Blood ☐ Diarrhea Increased Urine Stool color: other changes/abnormalities:					
Mark any of the following symptoms seen: Fluffed feathers	Any treatments tried?				
☐ Fluffed feathers ☐ Sneezing ☐ Weakness ☐ Anorexia or reduced ☐ Coughing ☐ Droopy limb ☐ appetite ☐ Tail bobbing ☐ Seizures ☐ Regurgitation ☐ Open beak breathing ☐ Loose droppings ☐ Ocular or nasal discharge Characteristics of droppings: ☐ Blood ☐ Diarrhea ☐ Increased Urine Stool color: _ other changes/abnormalities:	□ Yes	No	If yes, what?		
□ Anorexia or reduced appetite □ Coughing □ Droopy limb □ Regurgitation □ Open beak breathing □ Seizures □ Loose droppings □ Ocular or nasal discharge Characteristics of droppings: □ Blood □ Diarrhea □ Increased Urine Stool color: urate color: other changes/abnormalities:	Mark any of the following symptoms seen:				
appetite	☐ Fluffed feathers	Sneezir	ng		☐ Weakness
☐ Regurgitation ☐ Open beak breathing ☐ Loose droppings ☐ Ocular or nasal discharge Characteristics of droppings: ☐ Blood ☐ Diarrhea ☐ Increased Urine Stool color: _ other changes/abnormalities:	☐ Anorexia or reduced	Coughi	ng		□ Droopy limb
□ Loose droppings □ Ocular or nasal discharge Characteristics of droppings: □ Blood □ Diarrhea □ Increased Urine Stool color: urate color: _ other changes/abnormalities:	appetite	Tail bol	obing		☐ Seizures
Characteristics of droppings: Formed Blood Diarrhea Increased Urine Stool color: other changes/abnormalities:	☐ Regurgitation	-			
☐ Formed ☐ Blood ☐ Increased Urine Stool color: urate color: other changes/abnormalities:	Loose droppings	Ocular	· -		
☐ Diarrhea ☐ Increased Urine Stool color: urate color: other changes/abnormalities:	Characteristics of droppings:				
Stool color: urate color: other changes/abnormalities:	\square Formed	Blood			
	☐ Diarrhea	Increas	ed Urine		
Any other concerns?	Stool color: urate color: _	 	other ch	anges/abnormali	ties:
Any other concerns?	Any other concerns?				

Thank you for your information!