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

AVIAN HISTORY FORM

Client Name: _____

Address: _____

_____

_____

Telephone: _____

Telephone: _____

Patient Name: _____

Species: _____

Breed: _____

Sex: _____

Colour: _____

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 ☐ Wild Caught ☐ Adoption/Rescue

☐ Breeder ☐ Domestic Bred ☐ Other:_____

Date acquired:

Has the bird been quarantined?

☐ No ☐ Yes

☐ Commercial ☐ Private Length: _____

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

☐ No ☐ Yes Details:

Medical History

Previous illness or injury:

☐ No ☐ Yes Describe:

Previous medications:

☐ No ☐ Yes Describe:

Any current medications:

☐ No ☐ Yes Describe:

Wings trimmed:

☐ No ☐ Yes Method:

Date of last examination: _____

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Present Environment

Bird is kept in:

☐ Cage ☐ Free in home ☐ Outdoors
☐ Aviary ☐ Indoors

Size of bird's enclosure: _____

Location of bird's enclosure: _____

Are there other birds in same cage or aviary?

☐ No ☐ Yes

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

Are any of those birds sick?

☐ No ☐ Yes Details:

Have any died?

☐ No ☐ Yes 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 (substrate)? _____

Can the bird reach it?

☐ No ☐ Yes

How often is the substrate changed? _____

How often is the cage cleaned? _____

What products are used to clean the cage? _____

How often are food and water receptacles cleaned? _____

What products are used to clean the food and water receptacles? _____

Sleeping habits

☐ Covered ☐ In sleeping cage
☐ Uncovered ☐ In regular cage

Any activity around cage when bird is sleeping?

☐ No ☐ Yes Describe:

Hours of darkness per day: _____

Exposure to UVB:

☐ None ☐ Direct Sunlight ☐ UVB Bulb

How many hours of UVB exposure per day? _____

What do you feed your bird?

	Pellets	**Seeds**	**Fresh Food (list)**	**Treats**	**Other**
Brand					
How much is fed?					
How much does the bird consume?					
How often do you feed this?					
How often is the food replaced?					

How is the bird bathed? _____

How often is the bird bathed? _____

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Behavioral history

Any behavioral issues?

☐ No (skip to next section) ☐ Yes

Describe the behavioral issue: _____

How long has it been an issue? _____

Any previous or current treatments for behavioral issues?_____

Reproductive history (female only):

Any history of egg laying?

☐ Yes ☐ No (skip to next section)

When was 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:

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?

☐ No ☐ Yes If yes, what?

Mark any of the following symptoms seen:

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

Characteristics of droppings:

☐ Formed	☐ Blood	☐ Other:_____
☐ Diarrhea	☐ Increased Urine	

Stool color: _____ Urate color: _____

Any other concerns? _____

_____

_____

_____

_____

Thank you for your information!