

New Avian Patient History Sheet

Owner Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

How did you hear about us (please circle) Sign/Drive-by _____ Internet Referral: _____

Patient's Name: _____ Species: _____ Sex: M _____ F _____ U _____

How was sex identified? Surgically _____ DNA _____ Other(describe) _____

Identification: Tattoo _____ Microchip _____ Band _____

Bird is a: Pet _____ Breeder: _____ Has produced eggs or young _____

Bird was obtained from: Breeder _____ Private Party _____ Rescue _____ Store _____

Date acquired: _____ Wild Caught _____ Domestic Bred _____

Has bird been quarantined? Y N If yes, Commercial _____ Private _____ Time period _____

If quarantined, were other birds kept in the same quarantine: _____

Did any of those birds die or become ill during that quarantine period? Y N . If yes, give details _____

Present Environment Bird is kept in a: Cage _____ Aviary _____ Free in home _____ Date of last wing/nail trim: _____ Are there other birds present in the same aviary/cage/home: Y N . If yes, what types? _____

Any of the other birds in the household: Sick _____ Have any died _____ If yes, please give details: _____

List other pets in your home or yard _____

Toys available to the bird: _____

What do you use on the bottom of the cage? _____ Can the bird reach it? Y N

Bird is kept: Indoors _____ Outdoors _____ Separate room _____ Main living area _____

Frequency of cage cleaning _____ Method/Frequency of cleaning food and water bowls _____

How many hours of darkness does the bird have each day? _____

Diet: Pelleted Food Only (Brand) _____ Seeds: _____ Table Food _____ Combination _____

Describe the diet and eating habits: _____