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Friendship

VETERINARY HOSPITAL

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Avian History Form

ANIMAL HISTORY

Avian name: _____

Breed: _____ Color: _____ Date of Birth: _____

Sex: Male _____ Female _____ Determined by: DNA _____ Endoscopy _____ Visual _____ Other _____

How long have you had this bird? _____

Where did you acquire your bird? _____

Is your bird confined to a cage or enclosure? _____

Does your bird have a reproductive history? _____; If yes, please give details: _____

What is the primary complaint or problems you have noticed? How long have these problems been present?

Has your bird been sick at any other time during the last 12 months? _____

Has your bird been to see another veterinarian in the last 12 months? _____

Has your bird received any treatment in the last 30 days? _____ If so, please give details:

Have any other animals or persons in the household had any illness in the last 30 days? _____

Do you have any other pets? _____ If so, what kind? _____

DIET AND HOUSING

What kind of cage do you use and what is it made of? _____

What is used in the bottom of the cage? _____

Where is the cage located (inside, outside...)? _____

How often is the cage cleaned? _____ What product is used to clean? _____

What kind of toys and furnishings are in the cage? _____

What percentage of foods do you feed? _____ % pellets _____ % seeds _____ % table food

What brand of food do you offer your bird? _____

Does your bird consume fruits or vegetables daily? _____ % vegetables _____ % fruits

How often is the food and water changed? _____

Have there been changes in the bird's environment in the last 3 months? _____

Does your bird have regular exposure to sunlight? _____