

# AVIAN MEDICAL HISTORY FORM

Owner: \_\_\_\_\_ Date: \_\_\_\_\_  
Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_  
Color: \_\_\_\_\_ Age / Birthdate: \_\_\_\_\_ Sex:  M  F  Unknown

## ABOUT YOUR BIRD AND THEIR ENVIRONMENT

1. How was your bird obtained:  Breeder  Pet store  Friend  Other: \_\_\_\_\_
2. Your bird is:  Imported  Domestic bred  Hand raised  Unknown
3. How long have you owned this bird: \_\_\_\_\_ Number of birds in household: \_\_\_\_\_
4. Type of bird food & treats: \_\_\_\_\_
5. Type of cage:  Metal  Wood  Plastic  Other: \_\_\_\_\_
6. Cage Size: \_\_\_\_\_ Type of toys: \_\_\_\_\_
7. Does your bird have cage mates:  Y \_\_\_\_\_  N
8. How often does your bird come out of the cage for socialization: \_\_\_\_\_
9. Cage location in the home: \_\_\_\_\_
10. Recent changes in the home (moving, baby, etc.): \_\_\_\_\_
11. How is your bird's appetite:  Normal  Other: \_\_\_\_\_  
How is your bird's attitude:  Happy-Active-Normal  Depressed-Lethargic  Other: \_\_\_\_\_  
Has your bird's water consumption:  Increased  Decreased \_\_\_\_\_  
How is your bird's feather condition:  Good- Normal  Picking  Mites  Other: \_\_\_\_\_
12. Do you notice any of the following:  Nasal discharge  Eye discharge  Lethargy / weakness  
 Weight loss  Bald spots  Recent changes in feces:  Color  Consistency  Size

## YOUR BIRD'S MEDICAL HISTORY

1. Previous veterinary hospital: \_\_\_\_\_  
May we request your records from their office?  Yes  No  First visit to a veterinarian
2. Has your bird had the following in the last 12 months:  
Physical examination:  Yes date: \_\_\_\_\_  No  Unsure  
Wing trim / Beak shaping / Nail trim:  Yes date: \_\_\_\_\_  No  Unsure  
Fecal sample test:  Yes date: \_\_\_\_\_  No  Unsure
3. Has your bird been tested for the following in the last 12 months:  
Psitticine beak & feather disease:  Yes date: \_\_\_\_\_  No  Unsure  
Psittacosis (Chlamydia):  Yes date: \_\_\_\_\_  No  Unsure  
Polyoma virus:  Yes date: \_\_\_\_\_  No  Unsure