

Avian Husbandry Form – Oceana Pet Hospital



Date: _____ Apt Time: _____

Client: _____

Pet name: _____ Species: _____

Sex (circle): *Male* *Female* *Unknown* Age: _____

Background Information:

Length of time owned: _____ Where acquired (circle): *Breeder* *Pet store* *Other*

Housed indoors/outdoors: _____ Is the animal allowed free roam in the home?: _____

Wild caught or captive bred: _____ Previous treatments: _____

How often is animal handled? (circle): *Daily* *Occasionally* *Never*

Fecal output (circle): *Normal* *Diarrhea* *None* Urates output (circle): *Normal* *Abnormal*

Any other pets? (circle): *Yes* *No* If yes, specify: _____

Bird housed with other animals? (circle): *Yes* *No* If yes, specify: _____

Any recent additions of birds to the household? _____

Husbandry:

Type of cage: _____ Size of cage: _____

Where is the cage located? _____ Type of cage furniture: _____

Cage substrate: _____ How often is the cage / substrate cleaned? _____

Perch number: _____ Perch type: _____

Type of disinfection used to clean the cage: _____

Type of lighting: _____ Photoperiod: _____ hrs/day

Nutrition:

Type of food offered: _____

Ratios of food fed (ex: 50% veggies, 50% seeds): _____

Frequency of feedings: _____ Last feeding: _____

Appetite: _____

Water source: _____ Frequency changed: _____