

AVIAN HEALTH HISTORY

Please tell us about your bird:

Name: _____ Type/Breed: _____

Age: _____ Sex _____ How was sex determined? DNA Surgically Lays Eggs

How long have you owned your bird? _____

Where did you get your bird? Pet store Private party Other: _____

HEALTH HISTORY

PRESENTING PROBLEM:

Please describe the reason for your bird's visit today:

When did this start? _____

Has this condition Worsened Improved Stayed the same

Any prior illness or injury? _____

Has your pet been treated for this problem before? No Yes

When? _____ By whom? _____

SYMPTOMS:

Appetite: Normal Reduced Not eating

Activity/Attitude: Normal Quiet Fluffed Sitting at bottom of cage Perching/Climbing

Breathing: Normal Rapid Open mouth breathing Sneezing

Coughing Nasal discharge Tail bobbing

Droppings Normal Other (describe) _____

Any vomiting or regurgitation? _____ Other _____

ENVIRONMENT:

Are there other birds in your home? _____ How many? _____ Type: _____

How much time is your bird in a cage? 100% of the time _____% Never

What % of your bird's diet is: Seed _____% Pelleted diet _____% People food _____%

Other _____% (describe) _____