Breeze Animal Hospital

First-time Avian Exam

Date:_____

Pet:_____ **Owner:_____**

Breed:_____ **Color:_____** **Sex:_____** **Age:_____**

S:

(Please Circle One- if applicable)

1. **Do you have other birds?** **Yes** **No**
   a. **If yes, are they in contact with each other?** **Yes** **No**
   b. **If yes, are any of these birds affected with any illnesses?** **Yes** **No**

2. **Has this bird been ill before?** **Yes** **No**
   If yes, please explain…_____
   _____

3. **Please give a brief description of the bird's cage…_____**
   _____
   _____
   _____

4. **Does the bird have access to direct, unfiltered sunlight on a regular basis?** **Yes** **No**

5. **Does the bird come out of its cage?** **Yes** **No**

   If yes, is it supervised when out of the cage? **Yes** **No**

6. **Are the bird's wings clipped or is it free-flighted?** **Clipped** **Free-flighted**

7. **Does the bird interact with other animals or birds?** **Yes** **No**

8. **Is the bird subject to potential toxins (such as cigarette smoke, incense, candles, barbeque grills, non-stick cooking pans, etc)** **Yes** **No**
   If yes, please explain…_____

9. **What do you offer your bird to eat daily?**
   _____

10. What does your bird actually consume daily (do not include wasted food)?_____

_____

11. Is fresh food and water given daily? **Yes** **No**

12. Does the bird dunk food into its water dish? **Yes** **No**

13. Does the bird get any treats? **Yes** **No**

If yes, please explain…_____

14. Are vitamin and mineral supplements being administered?

Yes **No**

If yes, please explain…_____

O: Weight:_____

1. General Appearance:	**N**	**A**
2. Eyes:	**N**	**A**
3. Cardiovascular:	**N**	**A**
4. Ears:	**N**	**A**
5. Abdomen:	**N**	**A**
6. Resp:	**N**	**A**
7. Skin:	**N**	**A**
8. Feathers:	**N**	**A**
9. Nares:	**N**	**A**
10. Beak:	**N**	**A**
11. Oral Exam:	**N**	**A**
12. Musculoskeletal:	**N**	**A**
13. Lymph nodes:	**N**	**A**
14. Neurological:	**N**	**A**
15. Genitourinary:	**N**	**A**
16. Behavioral:	**N**	**A**

Fecal float:_____

Gram Stain:

_____**Gram (+) cocci**

_____**Gram (-) bacteria**

_____**Yeast buds**

_____

_____

_____

_____

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_____

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_____

A:_____

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P:

Doctor: **Technician:**