

Avian New Patient History



Specialized Care for Avian & Exotic Pets
10882 Main St. Clarence, NY 14031
(716) 759-0144 fax (716) 759-0146

• This Visit

Date: _____ Reason for visit today? _____

How did you hear about us (phone book, newspaper ad, pet store, etc.)? _____

Have you been referred by another veterinarian? Yes (Name of Vet: _____) No

*** If your veterinarian has specifically referred your bird to us, so that we may maintain good working relationships, we will not be able to provide care for other pets you may own and request that you maintain routine care for this patient with your primary veterinarian.*

• Owner & Pet Identification

Owner's Name(s): _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail: _____ Employer's Name: _____

Please select preference for health reminders e-mail regular mail Cell phone

Emergency Contact: _____ Number _____

Bird's Name: _____ Species: _____ Age/Hatchdate: _____

Sex (circle one): *Male Female Unknown*

[If known, how was sex identified? *Surgically DNA (blood/feather) Feathering Behavior*]

Color: _____

Any identification? (circle) *Band Microchip Tattoo*

Bird is a: *Pet/companion Breeder (has produced eggs or young)*

Flight: *flighted (has flight feathers & flies) wings trimmed chooses not to fly (not trimmed, non-flyer)*

• Source of Bird & Boarding History

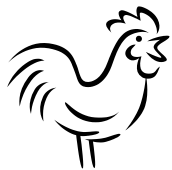
Date acquired: _____

Bird obtained from: *Pet store Breeder Friend/family member Private Party*

Bird's origin is: *Hand-raised Wild-caught Unknown*

Was bird isolated from other birds (different air space) prior to introduction to present location? *Y/N*

Have you boarded bird at pet shop or place with other birds in the past 12 months? *Y/N*



• Diet

What does your bird eat? (circle all that apply):

Pelleted food Nutri-berries Avi-cakes Seeds Nuts Fruit Vegetables Table foods
Bread Meat Eggs Dairy Products Other _____

How is water offered? *Cup/bowl Bottle/tube Tap Bottled Filtered*

Do you offer: *Grit Cuttlebone Mineral block Charcoal*

Recently added food or other dietary changes? *Y/N* (_____)

• Cage & Environment

Bird is kept: *Always caged Caged at night/part of day In an aviary Free in the house*

[If caged, what kind of cage? (name and size if known): _____]

Where is cage kept? (room and location in room): _____]

Frequency of cage cleaning: *Daily Weekly Monthly*

What do you use to line the cage? *Newspaper Paper towels Corn-cob Other*

What types of perches? *Wood dowels Natural Plastic Cotton rope Cement*

How often do you bathe your bird? *Daily Weekly Monthly Never*

How many hours of sleep (darkness) does the bird have each day? *6-8 8-10 10-12*

Does your bird have a play area separate from cage? *Y/N*

Does your bird play with toys? *Y/N (Mirrors Bells Wood Plastic Ropes Cloth Other_____)*

Do you have other birds? *Y/N*

[If yes, are they: *Cagemate(s) Housed in nearby cage Kept in separate room*]

Please list species: _____]

Are any other birds sick or have any died in the last 12 months? *Y/N*

List other pets in the home: _____

Does your bird get exposed to: *Cigarette smoke Scented candles Cleaning products Deodorants*

Do you use non-stick cookware? *Y/N*

• Previous Medical History

Has your bird had any previously diagnosed illness? *Y/N* (_____)

Has your bird had any laboratory tests performed? *Y/N (Fecal exam, Blood tests, X-rays, Other)*

Is your bird taking any vitamin supplements, herbals or medications? *Y/N* (_____)

Has your bird been vaccinated for Polyoma virus? *Y/N*

Has your bird ever had surgery? *Y/N* (_____)

Have you noticed any of the following signs ? (check all that apply):

Sitting fluffed-up Difficulty breathing Change in stool consistency Regurgitation/vomiting Egg-laying
 Drooping wings Tail-bobbing Change in appetite Excessive screaming Fainting
 Lameness Change in personality Excessive water consumption Aggression/biting Feather picking
 Difficulty perching Change in vocalizations Diarrhea or Constipation Blindness/decreased vision Bleeding

3/21