Tri Lake Animal Hospital & Referral Centre

Avian Patient History

Please take a moment to tell us about your pet

DATE: _____

CLIENT NAME: _____ **PET NAME**: _____

SPECIES: _____ **AGE**: _____ **SEX**: ◯ Female ◯ Male ◯ Unknown

How was bird's sex identified? ◯ Surgically ◯ DNA (feather test) ◯ Other _____

Identification (show number): Tattoo: _____ Microchip: _____ Band: _____

Bird is a pet? ◯ Yes ◯ No Breeder (has produced young or eggs) - Describe_____

Source of bird: ◯ Store ◯ Private Party ◯ Domestic Bred ◯ Wild-Caught ◯ Other _____

Date acquired: _____ Ever Quarantined? ◯ Commercial ◯ Private Length of Quarantine:_____

Was bird isolated prior to introduction to present location? ◯ No ◯ Yes- Length of Isolation period: _____ days

Other bird species in isolation area: _____

Any bird death in isolation? ◯ No ◯ Yes – Cause _____

Tell us about your bird's environment: ◯ Cage ◯ Aviary ◯ Free in the house ◯ Wings trimmed

Bird is kept: ◯ Indoors ◯ Outdoors ◯ In a separate room ◯ With the family

Other birds in the immediate vicinity? ◯ No ◯ Yes –details _____
Other birds in the home? ◯ No ◯ Yes –details _____
Other pets in the home? ◯ No ◯ Yes –details _____

Are any other birds sick? ◯ No ◯ Yes Have any died? ◯ No ◯ Yes - details_____

List toys available to the bird: _____

What do you use on bottom of cage: _____ Can the bird reach it? ◯ No ◯ Yes

Frequency of cage cleaning: _____ Method _____

Frequency of cleaning food receptacles? _____ Water receptacles? _____

How many hours of darkness does the bird have each day? _____

TURN OVER FOR PAGE 2

DIET:

◯ Pelleted Food alone (brand) _____ ◯ Seeds ◯ Table Foods ◯ Combination

Describe Diet: _____

Amount of food offered daily: _____ Amount of food eaten daily:_____

Recently added food or dietary changes: _____

How is water offered? ◯ Cup ◯ Tube Amount of water consumed daily: _____

TODAY'S VISIT:

Purpose of Visit: _____

_____

Describe signs including duration and severity: _____

_____

Have you noticed:
◯ Diarrhea ◯ Blindness ◯ Vomiting ◯ Constipation
◯ Tail-bobbing ◯ Breathing Difficulty ◯ Perching Difficulty ◯ Fainting
◯ Sitting fluffed up ◯ Drooping wings ◯ Feather picking ◯ Bleeding
◯ Lameness ◯ Change in personality ◯ Change in vocalizations ◯ Change in appetite
◯ Change in stool consistency ◯ Excessive water consumption

Tests completed: ◯ Psittacosis ◯ Psittacine beak & feather disease ◯ Polyomavirus ◯ Parasites

Vaccines: _____ Date given: _____

_____ Date given: _____

Has the bird been dewormed? ◯ No ◯ Yes What was used for treatment? _____

Has the bird been seen by any other veterinarians? ◯ No ◯ Yes – Details _____

ADDITIONAL COMMENTS: _____

_____

_____

_____

Signature: _____ **Date**: _____