

Avian History Intake Form

Clients Name: _____

Pets Name: _____ Species: _____

Date of Birth /Approx. Age _____ How long have you had your bird? _____

Sex: Male Female Unknown

How determined? DNA Surgical Laid Eggs Dimorphic

Where did you obtain your bird? _____

Environment

What type of cage does your bird have? _____

Where in the house is the cage located? _____

Describe briefly your bird's cage (type /# of perches; food/water bowls; toys substrate...)

Does your bird spend time outside the cage? (How much/where?) _____

Other birds sharing of the cage? Or in direct contact? _____

How often is the cage cleaned? _____

Diet

What kind of food do you feed your bird?

Pellets- Brand _____

Seed mix- Brand _____

Fruits – Types _____

Veggies – Types _____

Treats - Types _____

Other – Specify _____

Do you give your bird supplements? (kind/frequently) _____

Please indicate the percentage of the total diet in each category that your pet actually eats:

Seeds _____ Vegetables _____ Fruits _____

Nuts _____ Dairy/Meat _____ Pellets _____

Breads/Grains _____ Other _____

Medical History

Please list any previous medical problems: _____

Has your bird been recently exposed to other birds? (new bird, boarding) Yes No

Is your bird groomed regularly? Wings Beak Nails None

Who does the grooming? Self Or other: _____

Do you bathe your bird? No Spray bottle Bath/shower

Does your bird have a full spectrum (UVB) light? If so. What brand? _____

Have there been any changes in the bird's environment? _____

Does your bird have any behavior problems? _____

Are there any smokers in the house? Yes No

Have there been any changes in your bird's droppings? (number, color, consistency) _____

Have you noticed: (check all that apply)

- _____ **Decreased appetite**
- _____ **Increased appetite**
- _____ **Anorexia**
- _____ **Weight gain**
- _____ **Weight loss**
- _____ **Vomiting/regurgitation**
- _____ **Difficulty breathing**
- _____ **Tail bobbing**
- _____ **Lethargy**
- _____ **Fluffed feathers**
- _____ **Diarrhea**
- _____ **Feather picking**
- _____ **Nasal or eye discharge**

Describe: _____
