

AVIAN PATIENT HISTORY



Owner's Name: _____ Date: _____

Pet Information:

Pet's Name: _____

Species/Breed: _____ Age/DOB: _____

Sex: Female Male Unknown Pet's Color: _____

How long have you owned this pet: _____

Where did you acquire your pet? _____

Is this pet confined to a cage or enclosure: Yes No

What kind of cage do you use? _____

What is used in the bottom of the cage? _____

What percentage of food do you feed? (% pellets, % seed, % table food) _____

Types of food offered: Fruits Vegetables Other

What brand of food do you feed? _____

Do you give your pet tap or purified water? _____

How often is food or water changed? _____

How often are the food dishes washed? _____

What type of soap/disinfectants are used? _____

Have there been any pets in contact with this one that have died within the past month? Yes No

Has this pet been sick at any other time during the last 12 months? Yes No

Has this pet been seen by another veterinarian in the past 12 months? Yes No

Has this pet been given any medications or supplements in the past 7 days? Yes No

Does your pet have a microchip? Yes No

Other Avian or Exotic breeds you have at home

Pet's Name: _____

Species/Breed: _____ Age/DOB: _____

Sex: Female Male Unknown

Pet's Name: _____

Species/Breed: _____ Age/DOB: _____

Sex: Female Male Unknown

Pet's Name: _____

Species/Breed: _____ Age/DOB: _____

Sex: Female Male Unknown