



Reference/Client # _____

Today's Date: _____

Dr: _____

Owner Contact Information

1. Owner name: _____ Phone: _____

2. Address: _____

3. City/State/Zip: _____

Bird Identification

4. Bird name: _____

5. Species: _____ Sex: Male Female Unknown

6. How was sex determine? DNA (blood/feather) Surgically Other (describe): _____

7. Identification: Microchip Band Tatoo List number if known: _____

8. Bird purpose: Pet Breeder Other (describe): _____

9. Source of bird: Store Breeder Adoption/Rescue Other (describe): _____

10. Date aquired: _____ Wild-caught Domestic-bred

11. Has the bird been quarantined? Yes No Commercial Private Length: _____

12. Did any of those birds die or become ill during the quarantine? Yes No Details: _____

Present Environment

13. Bird is kept in: Cage Aviary Free in home Indoors Outdoors

14. Size and location of bird's enclosure: _____

15. Other birds in same cage or aviary? Yes No

16. List other birds on the premises, past or present: _____

17. Are any of those birds sick?: Yes No Have any died?: Yes No If yes, give details: _____

18. List other pets in the home or yard: _____

19. List toys available to the bird: _____

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

How often is the substrate changed? _____

21. Frequency of cage cleaning and products used: _____

22. Method and frequency of cleaning food and water receptacles: _____

23. Sleeping habits: Hours of darkness: _____ Covered Uncovered In sleeping cage In regular cage

Any activity around cage when bird sleeping (describe): _____

24. Exposure to UVB: Direct sunlight UVB bulb How many hours: _____

25. What is the current diet (Include brands of products): Pellets: _____ Seeds: _____

Fresh foods: _____ Other (describe): _____

26. Volume of food offered: Pellets: _____ Fresh food: _____ Seeds: _____ Other: _____

27. Amount of what bird consumes: Pellets: _____ Fresh food: _____ Seeds: _____ Other: _____

28. How often is food replaced? _____

29. How is the bird bathed? _____ How often? _____

Medical History

30. Previous illnesses or injuries: _____
31. Previous medications: _____
32. Any current medications: Yes No If yes, describe: _____
33. Vaccination history: _____
34. Wing trimming: Yes No Method: _____
35. Date of last examination: _____

Behavioral History

36. Any behavioral issues: Yes No Describe: _____
37. How long has it been an issue: _____
38. Any previous or current treatments for behavioral issues: _____

Reproductive History

39. If female, any history of egg laying? Yes No If so, when was the last clutch: _____
40. How often does egg laying occur? _____ How many eggs are produced? _____
41. Are eggs fertile?: Yes No
42. If fertile are offspring viable when hatched? Yes No Describe any issues: _____

Current Health Status

43. Reason for visit: Wellness exam Illness exam
44. If ill, describe signs and symptoms: _____
45. How long has problem been occurring? _____
46. Any treatments tried? Yes No If so, what? _____
47. Mark any of the following symptoms seen:
 Fluffed feathers Anorexia or reduced appetite Regurgitation Loose droppings Sneezing Coughing
 Tail bobbing Open beak breathing Ocular or nasal discharge Weakness Droopy limb Seizures
48. Characteristics of droppings: Formed Diarrhea Blood Increased urine
 Stool color: _____ Urate color: _____ Other changes/abnormalities: _____
49. Any other concerns: _____
- _____
- _____
- _____
- _____
- _____