

## Four Corners Veterinary Hospital Avian History Form

Owner's Name: \_\_\_\_\_ Bird's Name \_\_\_\_\_ Date: \_\_\_\_\_

### 1. Patient information

Species: \_\_\_\_\_

Date of hatch (if known) or estimated age \_\_\_\_\_ Date acquired or how long owned \_\_\_\_\_

Sex:  male  female  unknown.

Method used to determine sex  DNA/blood test  visual  has laid eggs  other \_\_\_\_\_

Source  pet store,  breeder,  previous owner  found as stray  other \_\_\_\_\_

Number of previous owners (other than breeder, store) \_\_\_\_\_ Is there a microchip in this pet?  Yes  No

What states and countries has your bird lived in? \_\_\_\_\_

### 2. Diet

What percent of your bird's diet consists of the following (please describe what the bird actually eats). The total should add to 100%:

Bird pellets \_\_\_\_% brand(s): \_\_\_\_\_

Seed mixture \_\_\_\_%, types/brand(s): \_\_\_\_\_

Fruit/vegetables \_\_\_\_%, types: \_\_\_\_\_

People food \_\_\_\_%, types: \_\_\_\_\_

Other \_\_\_\_%, types: \_\_\_\_\_

Treats: types, frequency: \_\_\_\_\_

Supplements:

Multivitamin in  water  food. Brand, frequency: \_\_\_\_\_

Minerals:  powder,  cuttlebone,  block,  oyster shell. Is it eaten?  yes  no

Is grit offered?  yes  no

Water source:  bowl  sipper bottle  tap  filtered  bottled water

Please describe any recent additions/changes to your bird's diet \_\_\_\_\_

### 3. Environment

Is your bird kept  indoor only  indoor and outdoor  outdoors only

Describe the cage- type, size, perches, toys, other furnishings \_\_\_\_\_

What is on the bottom of the cage? \_\_\_\_\_

Are there are other birds in the house?  yes  no. If so, what types are they \_\_\_\_\_

List any other pets that you have \_\_\_\_\_

How much time does your bird spend outside of the cage? \_\_\_\_\_

Is your bird supervised when it is out of the cage?  at all times  sometimes  no

Does your bird fly? YES:  daily  weekly  rarely

NO  kept in cage  wings clipped  doesn't try/want to fly  is not able to fly

Do you cover the cage at night or move the bird to a night cage? \_\_\_\_\_

How often is the cage cleaned \_\_\_\_\_ What products are used? \_\_\_\_\_

List recent changes in the environment, if any: \_\_\_\_\_

→ → → PLEASE COMPLETE THE OTHER SIDE OF THIS FORM → → →

#### 4. Exposure history

Has your bird been in the same building with birds other than your own? yes no.

If yes, which of the following apply? Boarding Bird club/show Outdoors Wild bird(s)  
Friends' birds other birds: \_\_\_\_\_

Does anyone in the house smoke? yes no

Is your bird exposed to cooking/kitchen vapors? yes no.

Does your bird chew on houseplants? yes no. \_\_\_\_\_

Does your bird chew on household surfaces (such as furniture or windowsills)? yes no

Please list any air fresheners, cleaning products, deodorizers, or insecticides that are used in the same room as your bird \_\_\_\_\_

#### 5. Reproductive

Do you plan on breeding this bird? yes no possibly. If your bird has never laid eggs, skip to 7.

Approximately how many eggs has she laid since you owned her? 1 4-5 5-20 more than 20

When was the most recent egg? \_\_\_\_\_ Was the egg normal, thin shelled, misshapen

How many babies have been hatched from this bird? none 1-5 5-10 more than 10

#### 6. Does your bird have any behavioral problems?

Feather picking Screaming Biting, aggression Fear of people

Other: \_\_\_\_\_

#### 7. Previous Illness, Problems, Or Surgeries (list with date, if known) \_\_\_\_\_

#### 8. Is your bird here for a: well-bird check up, or is there a problem?

If your bird is sick, please describe the signs and how long the bird has been showing these signs: \_\_\_\_\_

Is your bird eating normally? yes less than normal not at all

Have you used any medications? no yes (list): \_\_\_\_\_

Have you noticed any of the following:

Weight loss? Weight gain? Sneezing? Discharge from the eyes or nose?

Increased breathing rate or effort? Decreased ability to fly or exercise?

A change in the voice? A change in the droppings?

Abnormal feathers? Weakness in the legs or wings?

#### 9. Has your bird been seen by another veterinarian? yes no If yes:

When was the most recent visit? \_\_\_\_\_ May we contact this hospital for medical records? yes no

#### 10. Is there anything else you would like done today?

Nail trim Beak trim Wing trim DNA sexing test Other \_\_\_\_\_

I have questions about: \_\_\_\_\_

If your bird is hospitalized, do we have your permission to trim the wings? This will make medicating your bird less stressful – both in the hospital and at home. yes no

Did you know that avocado ingestion and fumes from Teflon (and other non-stick surfaces) on cookware, self-cleaning ovens, or heaters can be fatally toxic to pet birds? Please ask us if you need help making your home bird-safe.