Pet History: Avian

Pet's Name: _____ Species: _____

• ☐ Birthday / ☐ Gotcha Day: _____ • Sex: ☐ Male ☐ Female ☐ Unsure

• If female: has she laid eggs before? ☐ Yes ☐ No If yes, has she ever been egg bound? ☐ Yes ☐ No

Color(s): _____ Microchipped: ☐ Yes ☐ No ☐ Unsure | Tattoos/Markings: _____

Reason for today's visit?: _____

Previous veterinary clinic:_____ Vet phone number: _____

History

Any previous or chronic illness:_____

Previous surgeries: _____

Any known allergies: _____

Where did you get your pet from? ☐ Pet Store ☐ Convention ☐ Humane Society/Shelter ☐ Breeder ☐ Friend

☐ Other, please specify:_____

Any other pets in your home? ☐ Yes ☐ No • If yes, do they live in the same room or habitat? Please Specify:

_____

What type of enclosure does your bird live in and what size?: _____

Is there anything lining the bottom of the enclosure? ☐ Yes ☐ No Please specify: _____

What type of perches does your bird use?: ☐ Wood ☐ Rope ☐ Concrete ☐ Sandpaper ☐ Other:_____

Does anyone in your home smoke, use candles, cleaners, or any chemicals near your pet? ☐ Yes ☐ No

What type of food does your bird eat? How much do they eat?_____

What type of treats does your bird get? How many and how often?_____

Does your pet eat fresh fruit or vegetables? ☐ Yes☐ No | If yes, Please Specify: _____

_____ • Does your pet get any table scraps? ☐ Yes ☐ No _____

How much time does your pet spend OUT of their enclosure on a daily basis?: _____

Does your pet spend any time outside?: _____

Can your bird fly? ☐ Yes ☐ No • If yes: Does your pet routinely get their wings clipped? ☐ Yes ☐ No

Has your pet ever plucked their own feathers to the point there were bald spots or wounds? Yes No If yes, please specify where and how often?:_____