



Ocean Animal Clinic

Avian History Form

A detailed history is essential to provide the most appropriate veterinary care for your animal. Please complete this form as accurately as possible. If there is anything you are unsure about you can discuss it in more depth with the veterinary staff during your appointment.

ANIMAL DETAILS

Avian name: _____

Common or Scientific Species name: _____

Date of Birth: _____ Age: _____ Sex: M ___ F ___ Neutered/Spayed/Unknown (circle)

Sex determined by: ___ DNA ___ Endoscopy ___ Visual ___ Other: _____

Origin: ___ Captive bred ___ Wild caught/Import ___ Unknown

How long have you had this animal? _____

From where did you obtain this animal? _____

Does your pet have a reproductive history? Yes/No (circle) If yes, please give details: _____

When did your bird last molt? _____ How often has your bird been molting? _____

Is your bird vaccinated? Yes/No If yes, please give details: _____

Does your bird get wing trims? Yes/No If yes, please give details: _____

Do you have any other birds or pets? Yes/No If yes, please give details: _____

Have you or your bird had any contact with other birds in the last 30 days? Yes/No If yes, please give details: _____

When was the last bird added to your collection? _____

REASON FOR PRESENTATION TODAY

What is the primary complaint or what signs have you noticed? How long have these problems been present? _____

What health problems has your bird had previously? _____

Has your bird received any treatment in the last 30 days? Yes/No If yes, please give details (what was used, dosage, how often, duration): _____

Have you noticed any change in your bird's behavior? Yes/No If yes, please give details: _____

Have any other animals or persons in the household had any illness in the last 30 days? Yes/No If yes, please give details: _____

ENCLOSURE ENVIRONMENT

Where is the enclosure located? ____ Inside ____ Outside Please give details: _____

What is the enclosure made of? _____

Enclosure size: _____

What décor and furnishings are present? ____ Nest box ____ Perches ____ Swings ____ Toys

____ Other: _____

Are bathing/spraying facilities provided? Yes/No If yes, please give details: _____

How often is the enclosure cleaned? _____

What cleaning/disinfectant agents are used? _____

What percentage of time does your bird spend inside and outside of the enclosure?

____ % Inside ____ % Outside

Is the animal supervised when outside of enclosure? Yes/No If yes, please give details: _____

Does your bird have regular exposure to sunlight? Yes/No If yes, please indicate frequency and length of time: _____

Is your bird exposed to full spectrum (UVA and UVB) lighting? Yes/No If yes, please indicate brand of bulb: _____

What is your bird's light/dark cycle? _____

Does anyone in the household smoke? Yes/No Do you use aerosolized products? Yes/No

Have there been any changes in the bird's environment in the last 3 months? Yes/No If yes, please give details: _____

DIET

How often do you feed your animal? _____

Indicate which foods are eaten and in what amounts (by number, weight, or approximate volume).

____ Seed mixtures. Brand: _____

Type and amount per feed: _____

____ Pellets. Brand: _____

Type and amount per feed: _____

____ Fruits and/or vegetables. Type and amount per feed: _____

____ Meat. Type and amount per feed: _____

____ Treats. Brand: _____

Type and amount per feed: _____

____ Other: _____

Do you use any nutritional supplements? Yes/No If yes, please give details: _____

What water supply to you provide? ____ Tap water ____ Bottled water ____ Rain/River water

How is water provided? ____ Bowl ____ Dripper system ____ Spray How often? _____

How often is the water changed? _____

Do you use any water supplements? Yes/No If yes, please give details: _____

Have you noticed any changes in feeding or drinking behavior? Yes/No If yes, please give details: ____

Have you noticed any changes in droppings (fecal material, urine, urates)? Yes/No If yes, please give details: _____

Any other comments or information: