



Avian History Form



General Information

Avian's Name: _____ Species: _____ Sex: M F Unknown

How was your Bird's sex determined? Surgical DNA Laid Eggs Visual Not Done or Unsure

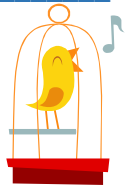
Does your Bird have any identification? Tattoo Microchip Band Other None

Where did you get your bird? _____ This Bird is a: Pet Breeder Other

How long have you had your bird? _____ is this your first bird? Yes No

Please list any current or previous treatments or medical problems: _____

Caging and Environment Information



Approximate Cage Dimensions: Height _____ x Width _____ x Length _____

How often is the cage cleaned? _____ Using what products? _____

What do you use on the bottom of the cage? _____ How often is it changed? _____

Where is the cage located in the house? _____ Are there any smokers in the house Yes No

Are there any other birds in direct contact? Yes No If yes, were new birds quarantined? Yes No

Describe the perches in the cage (Size, Material, Etc.): _____

Describe cage accessories (Bowls, Toys, Etc.): _____

Is a UV Light supplied to your bird? Yes No Brand Name: _____ How Often? _____

Does your bird spend time out of the cage? Yes No How much Time? _____

How is your bird bathed? _____ How Often? _____ Is your bird's cage covered at night? _____

Diet



Please fill in the percent of the total diet in each category **that your pet actually eats**:

<u>Pellets</u>	<u>Seeds</u>	<u>Vegetables</u>	<u>Fruits</u>	<u>Nuts</u>	<u>Bread/Grains</u>	<u>Dairy/Meat</u>	<u>Other (Treats)</u>	Total 100%

How is water offered? (Sipper bottle, bowl, cage cup) _____ How often is it changed? _____

List all vitamins, mineral supplements or medications your bird gets: _____

What treats are given? _____ How often? _____ How many? _____