

Date: \_\_\_\_\_

# Avian History Form

Pet Name: \_\_\_\_\_ Pet Owner: \_\_\_\_\_

## Pet Details

Breed: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: \_\_\_\_\_ Date Acquired: \_\_\_\_\_ Acquired from: \_\_\_\_\_

Reproductive History: \_\_\_\_\_

Number of Birds in house: \_\_\_\_\_ Other Pets in house: \_\_\_\_\_

## Cage

Cage type: \_\_\_\_\_ Cage Size: \_\_\_\_\_

Decorations: \_\_\_\_\_

Cage Materials: \_\_\_\_\_

Where is cage located: \_\_\_\_\_

How many birds in same cage: \_\_\_\_\_ Cleaning frequency: \_\_\_\_\_

Cage Bedding: \_\_\_\_\_ Cleaning agents used: \_\_\_\_\_

## Diet

Food type: \_\_\_\_\_

Amount per feeding: \_\_\_\_\_ Frequency: \_\_\_\_\_

How often is food changed: \_\_\_\_\_ Water supply type: \_\_\_\_\_

Water Dispenser: \_\_\_\_\_ How often water is changed: \_\_\_\_\_

Supplements: \_\_\_\_\_ Vitamins: \_\_\_\_\_

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

## Medical History

Primary Complaint: \_\_\_\_\_

Duration: \_\_\_\_\_

Previous health problems: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Previous Medications: \_\_\_\_\_