



Lifetime Small Animal Hospital

"Helping Your Pet Be Its Best – for a Lifetime"

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Avian History Form

Date _____

Pet's Name: _____

Species: _____

How long have you owned your bird _____

Age of bird (if known) _____

Do you know the sex of your bird _____

Has your bird been sexed using chromosomal analysis (blood ___ or feather ___ test)

If female, has your bird ever laid eggs _____ If so how many & how often _____

Where did you obtain the bird _____

If there was a previous owner, how long was the bird with that owner _____

Describe the bird's cage _____

What material is used on the bottom of the cage _____

How often are the food and water dishes cleaned _____

What is used to clean them _____

Where is the bird located _____

Any windows near the cage _____

Any air conditioner or heating vent near cage _____

What type of heating system is in your home _____

Do you have any humidifiers _____

How much time does the bird spend out of the cage _____

Supervised _____

Grooming: Do you clip the bird's wings _____ If so, how often _____

Do the nails require trimming _____ If so, how often _____

Does the beak require trimming or filing _____ If so, how often _____

Do you give the bird baths or showers _____ If so, how often _____

Do you ever apply anything other than water to the feathers or skin _____

If so, what _____

Diet: which of the following do you feed_____

Seed ____ % of diet_____ Type/Brand:_____

Pellets _____ % of diet_____ Type/Brand:_____

Fresh Foods_____ How often_____

Vegetables_____ How often_____ Types_____

Fruits_____ How often_____ Types_____

Meats_____ How often_____ Types_____

Bread, rice, pasta, potatoes_____ How often_____ Types_____

Dairy products_____ How often_____ Types_____

Other _____

Source of drinking water tap_____ bottled_____

What are your birds preferred food items_____

Do you use a vitamin or mineral supplement_____

Type_____

In water_____ On seed_____ How often_____ Amount_____

When did your bird last molt_____ How often does it molt_____

Is your bird around other birds_____

If yes, how frequently & for how long_____ How many_____

Are any of these birds ill_____

Has your bird been exposed recently to any new birds_____

Has it been boarded recently_____

Do you have any other pets_____

Are any of them ill_____

Are there any other pets in the household _____

Is your bird exposed to cigarette smoke_____

If your bird is ill, please answer the following questions:

Has the bird been ill before _____

Do you cook with Teflon _____

How long has the bird been ill _____

Did the bird suddenly become ill, or has the illness come on gradually _____

What signs have you noticed _____

Is the bird eating any food _____ If not, for how long _____

Is the bird drinking water _____

Are the droppings different from normal _____
If so, please describe them; _____

Is your bird making its normal sounds _____
If not, please describe the change(s) _____

If the bird spends time out of the cage, does it chew on furniture, any objects, or paint _____
Please specify _____

Does it have access to any plants _____

Are any other pets or any humans in your household ill _____

Have there been any sick or dead birds in the house in the last year _____

Have you given the bird any medications _____
If so, please list type and for how many days: _____

Have you seen another veterinarian for this problem _____
If so, who did you see _____
Please describe treatment recommendations and list all medications _____
