



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

Name or identification: _____

Common or scientific species name: _____

Date of Birth: _____ Age: _____ Sex: M F Neutered/spayed Unknown

Sex determined by: DNA Endoscopy Visual Other: _____

Origin: Captive bred Wild caught import Unknown

How long have you had this bird? _____

From where did you obtain this bird? _____

Do you hold/handle your bird? Y N Is your bird generally friendly with strangers? Y N

Does your bird have a reproductive history? Y N If yes, please give details: _____

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

Is your bird vaccinated? Y N If yes, please give details: _____

Do you have any other pets in your household? Y N If yes, list number and species: _____

When was the last bird added to your household? _____

Have you or your bird had any contact with other birds in the last 30 days? Y N If yes, please give details: _____

REASON FOR PRESENTATION TODAY

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

Has this bird had previous health problems? Y N If yes, please give details: _____

Has your bird received any treatment in the last 30 days? Y N If yes, please give details (what was used, dosage, how often, duration?) _____

Have you noticed any change in your bird's behavior? Y N If yes, please give details: _____

Have any other animals or persons in the household had any illness in the last 30 days? Y N If yes, please give details: _____

CAGE ENVIRONMENT

Where is the cage located? Inside Outside Provide details: _____

What is the cage made of? _____ Cage size: _____

What kind of bedding is used? _____

What décor and furnishings are present? Nest box Perches Swings Toys Other: _____

How often is the cage cleaned? _____

What cleaning/disinfectant agents are used? _____

What percentage of time does your bird spend in the cage? _____

Is your bird supervised when out of the cage? Y N Please give details: _____

Does your bird have regular exposure to sunlight? Y N Frequency and length: _____

Is your bird exposed to full spectrum (UVA/UVB) lighting? Y N Brand? _____

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

Have there been changes in the bird's environment in the last 3 months? Y N If yes, please give details: _____

Does anyone in the household smoke? Y N Do you use any aerosolized products? Y N

Do you bathe your bird? Y N Please give details: _____

DIET

How often do you feed your animal? _____

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

Pellets: Brand? _____ Amount? _____

Seed Mixtures: Brand? _____ Amount? _____

Fruits/Vegetables: Type? _____ Amount? _____

Treats: Brand/Type? _____ Amount? _____

Meat or meat products: Type? _____ Amount? _____

Other: _____

Do you use any nutritional supplements? Y N If yes, what, how much and how often: _____

What water supply do you provide? Tap water Bottled water Other _____

How is water provided? Bowl Bottle Spray How often? _____

How often is the water changed? _____

Do you use any water supplements? Y N Please give details: _____

Have you noticed any changes in eating or drinking behavior? Y N If yes, please give details: _____

Have you noticed any changes in droppings (fecal material, urine and urates)? Y N If yes, please give details: _____

Any other comments or information: _____

AVIAN PATIENT EXAMINATION AND RESTRAINT CONSENT FORM

Birds are very different from our domesticated pets. They often instinctively hide their symptoms until disease has progressed much farther than we would guess by simply observing them. For example, a bird that just began fluffing up in his cage yesterday or has just stopped eating or talking, may be found to be quite emaciated due to chronic disease upon handling. A less than optimal diet (i.e. seed/nut only diets) can contribute profoundly to a bird's health status. It is not uncommon for birds to have illnesses without any outward symptoms at all.

Some degree of restraint is required for proper examination and treatment of all birds. Birds can become very stressed while being handled and restrained. While infrequent, a bird who is already compromised by disease can die suddenly and without warning from the stress of restraint alone. As stated above, the degree of illness may not necessarily be evident. Even routine care can cause overwhelming stress which can cause a bird to die (i.e. wing, beak and nail trims, etc.).

Unfortunately, there is no good way to diagnose or treat birds without some degree of restraint; this is a risk we must realize when handling birds.

I, _____ have read and understand the above information. I realize the risks involved in treating my bird, _____, and hereby give my consent to allow the veterinarians and employees of Middle Creek Veterinary Hospital to restrain, administer medication, perform tests and surgical procedures that they deem necessary for the health of my bird under their care. If the bird should injure itself in an escape attempt, experience stress or die while under their care, I will hold the veterinarians and employees of Middle Creek Veterinary Hospital free of any responsibility and/or liability in the absence of gross negligence.

Signature: _____ Date: _____

Middle Creek Veterinary Hospital has a Facebook page and website that we use to educate clients and share interesting pet stories. May we have permission to use photos of your pet, their story and details of his/her medical history to help educate other clients in this way? Y N

****Client's names will never be shared. If, at any time, you wish to have your pet's photo or story removed, please alert one of our doctors.**