

Animal Clinic of Granger

Comprehensive Medicine,
Surgery, and Dental Center

Avian (Bird) History Form

Primary Owner Name (Last) _____ (First) _____ (MI) _____

Home Phone _____ Cell Phone _____ Work Phone _____

Spouse/Partner Name (Last) _____ (First) _____ (MI) _____

Home Phone _____ Cell Phone _____ Work Phone _____

Mailing Address (Street) _____ (City) _____ (State) _____ (Zip) _____

Email: _____ Fax _____ Pager _____

Referred by: _____

Previous Vet _____

Pet Name _____ Species _____ Age _____ Sex _____

Identification Tattoo _____ Microchip _____ Band _____

Source Pet Store Breeder Other _____

Date Acquired _____

Has bird been quarantined? Commercial Private None

Was bird isolated prior to introduction to present location? Yes No Length of Isolation _____

Other bird species in isolation area _____

Cause of any bird deaths during isolation period _____

Present Environment:

Where is bird kept? Cage Aviary Free in house

Wings Trimmed? Yes No

Other Birds in environment _____

Any sick birds? Yes No Have any birds died? Yes No

Details: _____

List any toys available to the bird _____

What do you use on the bottom of the cage? _____ Can bird reach material? Yes No

Please list any other pets in the same home or environment: _____

Frequency of cage cleaning: _____ How many hours of darkness does the bird have each day? _____

Method of cleaning food and water receptacles: _____

Diet:

Type of Food: Pelleted Seeds: Table food Combination

Brand _____ Frequency _____ Amount offered _____ Amount eaten _____

How is water offered? Cup Tube Other _____

Recently added food or diet changes: _____

This Visit:

Current Symptoms or Signs:

- Diarrhea Blindness Vomiting Constipation Tail Bobbing
- Difficult breathing Difficulty Perching Sitting fluffed up Drooping Wings Feather picking
- Bleeding Lameness Personality Change Vocal change Change in stool
- Change in water consumption Change in Appetite
- Other: _____

Comments:

What Vaccines have been given?

Name	Date
_____	_____
_____	_____
_____	_____
_____	_____

Has the bird been de-wormed? Yes No What was used for treatment? _____

Please describe any prior medical history and treatments:
