

Avian History

Owner's Name: _____ Date: _____

Bird's Name: : _____ Species: _____

How long have you owned this bird? _____

From what source did you acquire it? Pet Shop Breeder Other

What do you feed your bird? Please be specific: _____

Do you give any supplements? Vitamins Minerals No YesDoes your bird appear to have any problems? No Yes

If yes, what symptoms have you noticed? _____

When did these symptoms first appear? _____

Has your bird had any previous illnesses? No Yes

If yes, please describe: _____

Has your bird received any medication(s) recently? No Yes

If yes, please list them: _____

Have there been any recent changes in the bird's environment? No Yes

If yes, please explain: _____

Has your bird's appetite changed in any way? No Yes

If yes, please explain: _____

Any change in the color or consistency of the bird's droppings? No Yes

If yes, please explain: _____

Have you noticed any signs of respiratory problems? No Yes

If yes, please explain: _____

Have you noticed any regurgitation? No YesDoes your bird have any cagemates? No YesIf yes, are the cagemates showing signs of illness? No YesHave any new birds been added to your aviary or household? No YesHas your bird been exposed to any other birds including wild birds? No Yes

(e.g. Boarding, Pet shop, etc.)

Other comments:
