

Paradise Veterinary Hospital

858.271.5515

Avian History Form

Client Name: _____ Pet Name: _____

1. What type of bird do you have? _____ Age? _____
2. How did you acquire your bird? _____ When? _____
3. Is your bird male or female? _____ How do you know? _____
4. Has your bird ever laid an egg? _____ How often? _____
5. What other birds do you have? _____
6. Are your bird's wings trimmed? _____ Is he/she micro-chipped? _____
7. What do you use to clean the cage? _____ How often? _____
8. What are the dimensions of the cage? _____
9. What material is your cage made out of? If metal, what color? _____
10. What do you use to line the bottom of your cage? _____
11. What do you have in your bird's cage (i.e. toys, etc)? _____
12. Do you use sandpaper perches? _____
13. Do you have a mite protector? _____
14. Do you bathe or spray your bird? _____ How often? _____
15. How often do you change the water? _____ Bottled, tap or filtered? _____
16. What do you feed your bird? **Please be specific.** What percentages of each? _____

17. What kind of vitamins do you give? _____ How often? _____
How are they given? _____
18. Do you have an ultra-violet light? _____ How often is it changed? _____
19. Do you give your bird grit or gravel? _____
20. When did your bird last molt? _____
21. Do you use non-stick or coated cookware or bake-ware? _____ Cooking spray? _____
22. What room is your bird's cage kept in? _____
23. Is anyone in you home immune-suppressed (i.e. elderly, infant, diabetic, cancer, HIV)? Y N
24. When was your bird last seen by a veterinarian? _____
25. Is your bird currently on medication? _____
26. Are there any problems that you would like addressed today? _____
27. _____