



UNIVERSITY ANIMAL CLINIC

8239 Cooper Creek Blvd.

University Park, Florida 342012

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Robert W. Rill, Jr., VMD

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Date: ___/___/___

Avian

Instructions: An accurate history of your pet is extremely important. We would appreciate your cooperation in providing us with the following information. Please check the appropriate boxes or use the spaces provided. Thank you.

1. Patient information

Species: _____

Gender: male female unknown. Method used to determine _____

Date of hatch (if known) _____ Date acquired _____

Source (pet store, breeder, previous owner) _____

Number of previous owners (other than breeder, store) _____

What states and countries has your bird lived in? _____

2. Environment

What room(s) is your bird kept in? _____

Describe the cage- type, size, perches, toys, other furnishings

What is on the bottom of the cage? _____

Are there are other birds in the house? yes no. If so, what types are they and when were they acquired? _____

List any other pets that you have _____

Do you regulate the temperature near the cage? _____

How much time does your bird spend outside of the cage? _____

Is your bird supervised when it is out of the cage? at all times sometimes not

Does your bird chew on walls, furniture, or other household objects? _____

List recent changes in the environment, if any: _____

3. **Exposure history** Has your bird been exposed to any birds other than your own? yes no

Boarding - when, where

Bird clubs, shows - when, where _____

Has your bird been outside or has a wild bird been in your home? When?

Friends' birds, other birds:

Toxins

Does anyone in the house smoke? yes no

Is your bird exposed to kitchen fumes? yes no.

Do you have non-stick cookware? yes no

Does your bird chew on houseplants? yes no. _____

In what year was your house/apartment built? _____

Does your bird chew on painted surfaces (such as walls or windowsills)? yes no Dust:

Is there an unusual amount of dust, or any construction near your home? yes no Do you have air filtration? yes no

Please list any air fresheners, cleaning products, deodorizers, or insecticides that are used in the same room as your bird _____

Please list other possible toxins or irritants: _____

4. Diet

What percent of your bird's diet consists of the following (please describe what the bird actually eats, not what is offered):

Bird pellets ___ % brand(s): _____

Seed mixture ___ %, types/brand(s): _____

Table food ___ %, types: _____

Other ___ %, types: _____

How often do you change your bird's food? _____

Treats: types, frequency: _____

Supplements:

Multivitamin in water food. Brand, frequency: _____

Minerals: powder, cuttlebone, block, oyster shell. Is it eaten? yes no Is grit offered? yes no

Water source _____

Please describe any recent additions/changes to your bird's diet:

5. Vaccinations

Please list any vaccine(s) has your bird had and when they were given _____

6. Reproductive

Do you plan on breeding this bird? yes no possibly

How many clutches of eggs has your bird laid? _____, or does your bird lay continuously?

When was the most recent egg? _____ Was the egg normal, thin shelled, misshapen

How many babies have been hatched from this bird? _____ Were they healthy? yes No

Describe any past reproductive problems or problems with offspring:

7. Does your bird have any behavioral problems?

- Feather picking
- Screaming
- Biting, aggression
- Fear of people
- Other:

8. Previous Conditions, Problems, Or Operations (list with date, if known)_____

9. Is your bird here for a: well-bird check up, or is it sick?

If your bird is sick, please describe the signs and how long the bird has been showing these signs:

Is your bird eating normally? yes no (describe):

Have you used any medications from a pet store? no yes (list):

Have you noticed any of the following:

- Weight loss? Weight gain?
- Sneezing? Discharge from the eyes or nose?
 - Increased breathing rate or effort? Decreased ability to fly or exercise?
 - A change in the voice?
- A change in the droppings?
- Abnormal feathers?
- Weakness in the legs or wings?

10. Has your bird been seen by another veterinarian for any of the current problems?

yes no

If yes, when? _____

Please list tests performed _____

Please list medications given _____

11. Is there anything else you would like done today?

Nail trim Beak

trim Wing trim

I have questions about: _____

Other: _____

If your bird is hospitalized, may we have permission to trim the wings? This will make medicating your bird less stressful – both in the hospital and at home. yes no

Did you know that avocado ingestion and fumes from Teflon (and other non-stick surfaces) on cookware, self-cleaning ovens, or heaters can be fatally toxic to pet birds? Please ask us if you need help making your home bird-safe.