AVIAN HISTORY (All Avian Cases)

Signalment:
Bird’s name________________ Species ______ Sex____ Age____ Weight_____

Origin: wild caught □ hand raised □
Where did you obtain the bird?_________________________________________
Length of ownership________________

Chief Complaint:

Duration of complaint?________________________________

History:
Diet:
seed mix □ brand__________________________
pelleted diet □ brand_________________________
fruits □ type and amount_____________________
veggies □ type and amount____________________
table food □ type and amount____________________
treats □ type and amount_____________________
minerals or vitamin additives □ type, amount and how administered____________________

Is bird eating and drinking? yes □ no □
If yes, how much?_________________________
If no, how long without food?_________________________

Has the bird vomited or regurgitated recently? yes □ no □
Current appetite change? increased □ decreased □
Recent diet change? yes □ no □ If yes, when and what?_________________________
Last molt date________ normal □ abnormal □ How long was the molt?_________
Past fecal examinations and treatments if any_________________________
Attitude: normal yes □ no □ if no, explain_________________________
Voice quality: normal yes □ no □ if no, explain_________________________

Environment
cage type:
chrome □ soldered □ painted □
galvanized □ wooden □
floor type:_________________________
substrate on floor:_________________________

Do you use:
teflon or nonstick pans □ paints □
pesticide sprays/dusts □ adhesives □
household cleaners □ woodburning stoves □

Does anyone in the house smoke? yes □ no □
Is your bird allowed to fly around in the house? yes □ no □
When your bird is out, is it supervised? yes □ no □
Are there any other animals in the house? yes □ no □
If yes, species and number_____________________________________________
Cage location:________________________________________________________
Which room?________________ Proximity to kitchen?____________________
Lighting? natural sunlight □ artificial light □ Hours exposed to light?_________
Ventilation? window □ fan □ Room temperature?_______________________
Proximity to other birds?________
Have you been away from home recently? yes □ no □
Have you had any visitors in your home recently? yes □ no □
Approximate number of stools each 24 hours?________
Color of solid waste? brown □ black □ Color of urates? white □ yellow □
green □ clear □
Consistency:
normal □ soft □
pasty □ fluid □
Recent parasite examination?__________________________________________

Signature____________________________________________________________

Summary: