

AVIAN HISTORY FORM



To ensure the best possible veterinary care for your animal, it is crucial to provide a comprehensive record of your pet's medical history. Please fill out this form with utmost accuracy. If you have any uncertainties, feel free to consult our veterinary staff without hesitation.

Animal Details

Name: _____

Common/Scientific species name: _____

Date of birth/Age: _____ Color: _____ Sex: M F unknown

If sex is known, how was it determined? DNA endoscopy visual other : _____

Origin: captive bred pet store rescue other: _____

Length of time owned: _____ Are you a: pet owner breeder rescue pet store

How often do you handle your bird? daily weekly biweekly monthly rarely never

Does your animal have a reproductive history? N Y If yes, please explain: _____

Has your animal ever been outside? N Y If yes, for how long/frequently? _____

Medical History

Has your bird ever been to a vet? N Y if yes, please explain: _____

When was your bird's last molt? _____

Is your bird wing trimmed? N Y if yes, when?: _____

If any, what health problems has your bird had previously? _____

Is there a primary complaint or concerning symptoms for today's appointment? N Y

If yes, please explain: _____

If yes, how long have these symptoms been present? _____

Has your pet received any treatment in the last 30 days? N Y

If yes, please provide details: _____

Have you or your bird had any contact with other birds in the last 30 days? N Y

If yes, please provide details: _____

Environment

Type of caging: _____ Is the cage galvanized? N Y

Size of caging: _____ Cage substrate: _____

Location of cage: _____

How often is the cage cleaned? _____ What cleaning agents are used? _____

Toys available? N Y If yes, please explain: _____

Perches available? N Y If yes, please explain: _____

Is this bird housed singly? Y N If no, specify cage mate(s): _____

Do you have any other animals? N Y If yes, does your bird interact with the animal(s)? N Y

If yes, please specify: _____

Is your bird allowed to roam the home? N Y If yes, please explain: _____

Critter Care of Panama City

Diet & Nutrition

Is your bird eating well? Y N If no, please explain: _____

Is your bird drinking well? Y N If no, please explain: _____

What is your animal's fecal consistency? _____

Type of food offered:

pellets Brand: _____ Frequency: _____ Amount: _____

seed Brand: _____ Frequency: _____ Amount: _____

fruits Type(s): _____ Frequency: _____ Amount: _____

vegetables Type(s): _____ Frequency: _____ Amount: _____

meat/proteins Type(s): _____ Frequency: _____ Amount: _____

treats Type(s): _____ Frequency: _____ Amount: _____

vitamins Type(s): _____ Frequency: _____ Amount: _____

What is the water source? tap water well water bottled water rain/river water

How is that water provided? bowl water bottle other _____

How frequently is the water changed? _____

Please share any additional comments or information you believe to be beneficial: