## Avian History Form

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td></td>
</tr>
<tr>
<td>RDVM info:</td>
<td></td>
</tr>
<tr>
<td>Admitting Clinician:</td>
<td></td>
</tr>
<tr>
<td>Appt. Time:</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Bird:</th>
<th>Species:</th>
<th>Age:</th>
<th>Pet Bird/Breeder</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____________</td>
<td>__________</td>
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</tbody>
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### Background Information:
- Length of time owned: ________
- Where acquired: Breeder ☐ Pet Store ☐ Other
- Vaccination History: ________
- When was last molt: ________
- Character of feces: ________
- How often is bird handled: Daily ☐ Occasionally ☐ Never ☐
- Is bird ever taken outside?: Y/N

### Husbhandry:
- Housed Indoors/Outdoors: ________
- Where is cage located: ________
- Type of Caging: ________
- Size of Caging: ________
- Galvanized?: Y/N
- Cage Substrate: ________
- How often is cage cleaned: ________

### Nutrition:
- Type of food offered:
  - Pellets: No ☐ Yes ☐
  - Seed: No ☐ Yes ☐
  - Fruits: No ☐ Yes ☐
  - Vegetables: No ☐ Yes ☐
- If yes, what type?: ________
- Amount fed/frequency: ________

### Disinfectant used:
- What type of disinfectant is used when cleaning cage?: ________
- How often is cage cleaned?: ________
- Types of toys/ perches offered?: ________

### Water Source:
- ________
- How often is water changed?: ________

### Past Medical History/Problems:

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<tbody>
<tr>
<td>Current Presenting Problems:</td>
<td></td>
</tr>
<tr>
<td>Duration of Problem:</td>
<td></td>
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</tbody>
</table>