

Otterkill Animal Hospital
Avian History Form

Personal ID:

Owner's Name _____ Phone (____) _____

Address _____

Pet's Name _____ Species _____ Age _____ Sex: M F Unknown

How was this bird's sex identified? Surgically: _____ DNA (feather test): _____ Other (describe): _____

Identification (show number) Tatoo _____ Microchip _____ Band _____

Bird is a pet: _____ Breeder (has produced young or eggs) Describe: _____

Source of Bird

Store _____ Private Party _____ Breeder _____ Other (describe) _____

Date acquired _____ Wild-caught _____ Domestic-bred _____

Has the bird been quarantined? Commercial _____ Private _____ Length of quarantine _____

Was bird isolated prior to introduction to present location? _____ Length of period of isolation _____ days

Other bird species in isolation area: _____ Give cause, if known, of any bird deaths during isolation period _____

Present Environment

Bird is kept in cage: _____ Aviary _____ Free in house _____ Wings trimmed _____

Other birds in the same cage or aviary _____

Are any of the other birds sick? _____ Have any died? _____ If yes, give details _____

List toys available to the bird: _____

What do you use in the bottom of the cage: _____ Can the bird reach it? _____

Bird is kept indoors _____ Outdoors _____ In a separate room _____ With the family _____

List other birds in the immediate vicinity _____

List other birds in the home/aviary _____

List other pets in the home _____

Frequency of cage cleaning _____ Method/frequency of cleaning food/water receptacles _____

How many hours of darkness does the bird have each day? _____

Diet:

Pelleted food alone (brand) _____ Seeds _____ Table foods _____ Combination _____

Describe diet: _____

Amount offered to bird each day _____ Amount bird eats each day _____

How is water offered (cup, tube)? _____ Recently added food or dietary changes _____

This visit

What signs prompted you to bring in the bird? _____

Have you noticed (circle all that apply): diarrhea; blindness; vomiting; constipation; tail-bobbing; breathing difficulty; perching difficulty; fainting; sitting fluffed up; drooping wings; feather picking; bleeding; lameness; change in personality; change in vocalization; change in stool consistency; change in appetite; excessive water consumption. Describe _____

Tests (circle all that apply): Psittacosis; psittacine beak and feather disease; polyomavirus; parasites Vaccines What vaccines has the bird been given and date given? _____

Has the bird been seen by any other veterinarians? _____ When/why? _____

Has the bird been dewormed? _____ What was used for treatment? _____

Additional comments (Your opinion regarding this illness/accident) Please use the reverse for your comments.

Signature: _____ - Date _____