

**Cape May Veterinary Hospital
(609) 884-1729**

Avian History Form

Date: _____

Owner's Name _____

Have you seen Dr. Link at any other office with this or any other pet? _____

Patient Information:

Pet's name: _____ Species(ie: Cockatiel, Sun Conure): _____

Birth Date/Approx Age: _____ Colors/Markings: _____

Sex (**Check One**): Male Female Unknown How long have you had your bird? _____

Has your bird had an endoscopy or blood test to determine sex? **Y** or **N** Has your bird ever laid eggs? **Y** or **N**

Any previous health issues? _____

Is today's visit for a wellness exam or a problem? If problem - briefly describe and tell us when 1st signs were noticed. _____

Have you noticed any of the following? **Circle any that apply:** Sneezing - Increased Sleeping - Limping
Decreased Activity - Nasal Discharge - Decreased Appetite - Increased Drinking - Change in Voice -
Excessive/Prolonged Moulting - Excessive Grooming - Change in Droppings - Feather Picking

Husbandry/Nutrition:

Approx size of cage: _____

Is there a grate at the bottom of the cage? **Y** or **N**

Cage substrate (newspaper, corn cob, shavings): _____

Which of the following foods do you feed?

Pellets: **Y** or **N** Brand/Type: _____

Seed Mix: **Y** or **N** Brand/Type: _____

Fruits/Veggies: **Y** or **N** Type: _____

Table Food/Treats: **Y** or **N** Type: _____

Which of these foods does your bird mostly eat? _____

What are your bird's favorite foods? _____

Did you bring your bird's food and favorite treats today? **Y** or **N**

Any other birds in the house? **Y** or **N** If yes, specify: _____

Do you keep your bird's wings trimmed or prefer full flight? _____