

NEW AVIAN PATIENT INFORMATION SHEET

Client's Name: _____ Date: _____

Bird's Name: _____ Species: _____

Sex: Male Female Unknown **Age:** _____ **Owned how long?** _____

Please fill out this brief questionnaire to help us understand your pet's current health information. Check some boxes and fill in others.

My bird (please check off): Is Tame ___ Talks ___ Sits on my Hand ___ Can Fly ___

Today's Visit: General Wellness Examination Specific Health Concerns

List or circle Concerns: (e.g., sneezing, abnormal breathing, abnormal stools, injury, behavior, feathers, change in food or water consumption; change in activity)

Ill how long?

About My Bird: List of Major Foods Consumed (in order of amounts)

1. _____ 2. _____ 3. _____

4. _____ 5. favorite _____ 6. Supplements? _____

Cage Type: (Approximate size, shape) _____

Perch Sizes: _____ Perch Materials: _____

Cage Location in House: _____ Covered at night? Yes ___ No ___

Near Window or Door? ___ Room Temperature _____ Supplemental heat? Y ___ N ___

List other cagemates and other birds in house? _____

Exposed to: Cigarette smoke? Y ___ N ___; Candles? Y ___ N ___; Cooking? Y ___ N ___
Teflon/non-stick pans Y ___ N ___; small metal objects Y ___ N ___

Has your bird been tested e.g., blood, stool) for any diseases?

Examined before Y ___ N ___ _____

Do you have any of the following available to your bird? Extra heat? Y ___ N ___;
Full Spectrum Light Y ___ N ___; UVB Light Y ___ N ___; Cuttlebone Y ___ N ___;
Grit Y ___ N ___; Toys Y ___ N ___; Mirror Y ___ N ___; Galvanized surfaces or wire? Y ___ N ___

Past Medical Problems? 1. _____ 2. _____

When was the last new bird introduced to the household? _____