

Kettle Moraine Veterinary Clinic
2712 Eastern Ave. P.O.Box 439
Plymouth, WI 53073
(920)892-4225

Date: _____

Avian History Form

It is important to provide an accurate history of your pet to receive the best treatment options available.

1. Patient Information

Name: _____

Species: _____

Gender: Male Female Unknown Determined by: Endoscopy DNA Visual

Date of Birth: _____

Date Acquired and source (pet store, breeder, previous owner): _____

Number of previous owners (other than breeder, store): _____

What states and or countries has your pet lived in? _____

Has this bird laid eggs? Yes No Please give details: _____

Does your bird get its wings trimmed? Yes No

Do you have other birds? Yes No Please give details: _____

Have you or your bird had contact with any other bird in the last 30 days? Yes No Please give details:

When was the last bird added to your home? _____

2. Environment

Is the animal kept indoors or outdoors? _____

Describe the cage enclosure (size, type, objects in the cage, furnishings, etc.):

What type of material is used to line the cage/litter Pan?

Is bathing/spraying provided? Yes No Please give details: _____

How often is the cage cleaned? _____ What is used to clean/disinfect? _____

What percentage of the time does your bird spend outside of the cage? _____

Is the bird supervised when out of the cage? Yes No Please give details: _____

Does your bird have regular exposure to direct sunlight? Yes No Frequency and Length of time: _____

Is your bird exposed to full spectrum (UVA and UVB) sunlight? Yes No Brand: _____

What is your bird's light/dark cycle? _____

Does anyone in the house smoke or vape? Yes No

Do you use aerosolized products? Yes No

Has there been any changes to the bird's environment lately? Yes No Please describe: _____

3. Diet

How often do you feed your bird? _____

Which foods are eaten and what amounts (by number, weight, or approximate volume):

Brand /Type	Amount
Seed Mixtures _____	/ _____
Pellets _____	/ _____
Fruits/vegetables _____	/ _____
Meat _____	/ _____
Treats _____	/ _____
Other _____	/ _____

Do you use any nutritional supplements? Yes No If yes, What, how much, how often? _____

What water supply do you provide? Tap Bottled Rain/river water

How is water supplied? Bowl Bottle Dripper System Spray How often? _____

How often is water changed? _____

4. Is your pet here for a check up illness (please circle one)

If your pet is here for an illness, please describe the signs/symptoms and how long your pet has been showing signs/symptoms:

Is your pet's activity level Normal Decreased Increased

Is your pet's appetite Normal Decreased Increased

Have you

Noticed any of the following

Weight loss

Weight gain

Increased breathing effort

Increased thirst

Weakness

5. Previous conditions

Has your pet had any previous issues (including dental or gastrointestinal)?

6. Miscellaneous

Is your pet currently on any medications? _____

Has your pet been on any medications recently? If yes, please list them: _____

7. Is there anything else you would like done today?

Have questions about: _____

Other: _____

Thank you!