

Harmony Veterinary Clinic
Avian History Form

Your name: _____

Your Bird's Name: _____ Species: _____

Gender: Male Female Unknown DNA tested? Y / N

Date of Birth: _____ Estimated Known

Colors: _____

Bands or other identification, and numbers: _____

Source of Bird

Where acquired: Pet Store Private purchase/adoption Breeder
Other: _____

Original source: Wild caught Domestic bred Unknown
Other: _____

Date acquired: _____

Health History

Tests completed: Psittacosis / Beak & Feather / Polyomavirus / No testing done

Vaccines: _____

Last vet visit: _____ Where? _____ Why? _____

Housing and Environment

Cage / Aviary / Free in house Wings trimmed? Y / N Date: _____

Indoor / Outdoor With the family or separate? _____

Other birds and location in home: _____

Any bird illnesses or deaths? Y / N Do you smoke in the home? Y / N

Cage bedding: _____ Frequency and method of cage cleaning: _____

How many hours of darkness does your bird experience each day? _____

Diet

Describe diet (seeds, pellets, fresh foods, amount, frequency etc): _____

How is water offered? Cup Bottle

Any recent changes to diet? Please describe. _____
