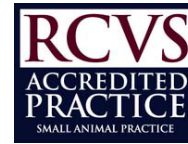




A detailed History is essential to provide the most appropriate veterinary care for your animal.
Please complete this form as accurately as possible.
If there is anything you are unsure about, you can discuss this in more detail during your appointment.



AVIAN HISTORY FORM

CLIENT INFORMATION

Name: _____
 Address: _____ Post code: _____
 Telephone numbers: _____
 Email: _____ @ _____

PATIENT INFORMATION

Name: _____
 Species: (common) _____ Scientific: _____
 Age: _____ Sex: (please tick one) Male Female unknown
 How was the bird sexed? Blood test (DNA) Surgical (endoscopy) Visually
 Colour / markings _____
 Identification: Tattoo Leg ring Microchip other please specify _____

REASON FOR TODAY'S VISIT

What is the primary complaint or signs you have noticed? _____

 For how long has this been a problem? _____
 Has this bird had any previous health problems? _____
 Has your Bird Received any treatment in the last 30 days? (if yes please provide details including dose, frequency and duration) _____
 Have you noticed any change in your bird's behaviour? Yes No (if yes please provide details) _____

HISTORY

Where did you obtain the bird presented today? _____
 How long have you owned this bird? _____
 If Known please provide the origin: Captive Bred Wild Caught (imported) Unknown
 Is this bird: A Pet or Breeding Stock
 If breeding Stock have you noticed any reproductive activity? _____
 When did this bird last moult? _____ How Often does this usually occur? _____
 Is this bird Vaccinated? Yes No (if yes please give details) _____
 Does this bird have its wings clipped? Yes No (if yes please give details) _____
 Do you own other birds or pets? Yes No (if yes please give details) _____
 Have you or your bird had contact with other birds in the last 30 days? Yes No
 (if yes please give details) _____
 Have any other animals or persons in the household had any illness in the last 30 days?
 (if yes please give details) _____

ENVIRONMENT

Where is your bird kept? Indoors Outdoors Both
 What is the cage or aviary made of? _____
 Is the bird kept alone? Yes No (if no please give details) _____
 What bedding material is used (cage or aviary floor)? _____
 What décor and furnishings are present? Nest box perches swings toys other _____
 (Please give details): _____
 Are bathing /spraying facilities provided? Yes No (Please give details): _____
 How Often is the cage or aviary cleaned? _____
 What cleaning products are used? _____
 Has your bird's environment changed recently? (Please give details): _____
 Is your bird allowed out of its cage (if yes how much time approximately)? _____
 Is the bird Supervised when allowed out of its cage? _____
 Does your bird have regular exposure to natural sunlight? Yes No _____
 Is your bird exposed to full spectrum UVA/UVB lighting? Yes No Brand? _____
 How many hours of darkness does your bird receive in 24 hours? _____
 Does anyone your immediate household smoke? Yes No (Please give details): _____
 Do You use any aerosol products (e.g. air fresheners) Yes No (If yes what): _____

Diet

How often do you feed this bird? _____
 Indicate what food types are provided and the percentage each makes up of their daily diet
 Seed Mixtures: Brand _____ % _____
 Pellets: Brand _____ % _____
 Fresh Fruit or Veg Types _____ % _____
 Meats Types _____ % _____
 Treats Brand _____ % _____
 Other _____ % _____
 Do you use any nutritional supplements? Yes No (if yes what)? _____
 What water supply do you provide? Tap water Bottled water Rain/River water
 How is water provided? Bowl Dripper System Spray Other (Please give details): _____
 How often is the water changed? _____
 Do you use any water supplements? (If yes what)? _____
 Have you changed your birds diet in the last 30 days? Yes No (if yes what changes were made) _____
 Have you noticed any changes in your birds eating or drinking behaviour? Yes No
 (if yes what) _____
 How often does your bird defecate (pass faeces)? _____
 Have you noticed any changes to the faeces recently? Yes No (if yes what) _____
 Any Additional Notes / comments: _____

Please Note: We require full payment at the time of treatment. Payment can be made by cash, cheque with a valid guarantee card or most credit and debit cards.