

Animal and Bird Hospital of Clearwater

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AVIAN BEHAVIOR HISTORY

Owner Name: _____

Address: _____

City: _____

State: _____

Telephone: _____

Email address: _____

ANIMAL DETAILS

Avian name or identification: _____

Common or scientific species name: _____

Date of Birth or Age: _____

Sex: M F

Origin: Captive Bred____ Wild caught import _____ unknown _____

How long have you had this bird?

Does this bird have a reproductive history? **Y N** ; if yes, give details:

Does your bird get wing trims? **Y N** : if yes, give details:

When was your birds last molt? _____ How often has your bird been molting? _____

Is your bird vaccinated? **Y N** : if yes, give details _____

Do you have any other birds or pets? **Y N** : if yes, give details _____

Have you or your bird had any contact with other birds in the last 30 days? **Y N** ; if yes, give details _____

REASON FOR PRESENTATION TODAY

What is the primary complaint or what signs have you noticed? How long have these problems been present?

What health problems has your bird had previously?

Has your bird received any treatment in the last 30 days? **Y N**
If yes, please give details (what was used, dosage, how often, duration):

Have you noticed any change in your bird's behavior? **Y N**
If yes, give details:

Have any other animals or persons in the household had any illness in the last 30 days? **Y N**

If yes, give details _____

DIET

How often do you feed your bird? _____

Indicate which foods are eaten and in what amounts (by number, weight or approximate volume)

Seed mixture: Brand? _____ Amount: _____

Pellets: Brand? _____ Amount: _____

Fruits and/or vegetables: Type? _____ Amount: _____

Meat: Type? _____ Amount: _____

Live prey _____

Treats: Brand? _____ Amount: _____

Other: _____

Do you use any nutritional supplements? **Y N** If yes, what, how much, and how often: _____

What water supply do you provide? Tap water _____ Bottled water _____

Rain/rive water _____

How is water provided? Bowl _____ Dripper system _____

Spray _____ How often? _____

Do you use water supplements? **Y N** Please give details:

How often is the water changed? _____

Have you noticed any differences in feeding and drinking behavior? **Y N**
If yes, give details:

Have you noticed any changes in droppings (fecal material, urine, urates?) Please
give details: _____

CAGE ENVIRONMENT

Where is the cage located? Inside _____ outside _____

Give details: _____

What is the cage made of? _____ Cage
size _____

What type of bedding is used? _____

What décor and furnishings are present? Nest box _____ perches _____
swings _____ toys _____ other _____

Give details: _____

Are bathing/spraying facilities provided? **Y N** Give details:

How often is the cage cleaned? _____ What cleaning/disinfectant
agents are used? _____

What percentage of time does your bird spend inside and outside of its cage?
Inside _____ Outside _____

Is the animal supervised when out of the cage? **Y N**

Give details _____

Does your bird have regular exposure to sunlight? **Y N**

Frequency and length of time: _____

Is your bird exposed to full spectrum (UVA and UVB) lighting ? **Y N**

Brand? _____

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

Does anyone in the household smoke? **Y N**

Do you use any aerosolized products? **Y N**

Have there been any changes to the bird's environment in the last 3 months? **Y**

N

Give details:

Additional information needed: Provide pictures of the cage, the room it is in and any additional rooms/areas the bird spends time.

Additional comments: