

AVIAN PATIENT HISTORY

1. Breed: _____ Sex: _____ Color: _____
 2. How long have you owned this pet? _____
 3. Is this pet confined to a cage or enclosure? _____
 4. What kind of cage do you use? _____
 5. What is used in the bottom of the cage? _____
 6. What percentage of food do you feed? _____% pellets _____% seed _____% table food
 7. What **Brand of food** do you feed? _____
 8. Does your pet consume fruits or vegetables daily? _____% vegetables _____% fruit
 9. Do you give your pet tap or purified water? _____
 10. How often is food and water changed? _____
 11. How often are the food dishes washed? _____
 12. What type of soap/disinfectant is used? _____
 13. Where did you acquire your pet? _____
 14. Have there been any pets in contact with this one that have died within the last month? _____
If yes, explain: _____
 15. Has this pet been sick at any other time during the last 12 months? _____
 16. Has this pet been to see another veterinarian in the past 12 months? _____
If so, whom? _____
 17. Has this pet been given any medications or supplements in the past 7 days? Yes _____ No _____
If yes, which ones? _____
 17. Does your pet have a microchip? Yes _____ No _____ Not Sure _____
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List Other Avian or Exotic Pets

Pet's Name: _____ Pet's Name: _____

Breed _____ Breed: _____

Age: _____ Sex: _____ Age: _____ Sex: _____

Pet's Name: _____ Pet's Name: _____

Breed _____ Breed: _____

Age: _____ Sex: _____ Age: _____ Sex: _____

Pet's Name: _____ Pet's Name: _____

Breed _____ Breed: _____

Age: _____ Sex: _____ Age: _____ Sex: _____