Skillful Care



Gentle Hands

Avian History/Husbandry Form

Please answer the following questions as accurately as possible. Problems relating to improper housing and feeding are common among pet birds. Your answers will help us recommend any changes that may influence your animal's well being. We will also provide you with a list of our recommendations to consider.	
Today's Date	
Owner's Name	Pet's Name
1.) How long have you had your bird?	
2.) Where did you acquire your bird?	
3.) (If known) Is the bird captive bred or v	wild/caught?
4.) Do you have more than one bird? Y	∕es □ No □
If so, are they housed separately	or together?
Have any of the birds been ill or c	deceased recently?
5.) What brand of pellet/seed do you feed	d your bird?
What size pellet/seed do you feed	l your bird?

Please list any additional table foods/treats you give to your bird.

6.) Do you give your bird supplements? Yes □ No □

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What kind? How do you give them (on food, with water, etc.)? How often do you give them?

7.) Please briefly describe your bird's habitat (Size, type/number of perches, toys, food/water bowls).

Does your bird fly free? Yes □ No □

8.) What type of substrate do you use in your bird's habitat (Newspaper, gravel, corn cob, walnut shell, etc.)?

9.) How often do you clean your bird's habitat?
What do you use to clean it?
10.) How often are food/water dishes changed? How often are they cleaned?
11.) Where is your bird's habitat located in your home?
12.) Have there been any changes in your bird's environment? Yes \Box No \Box
13.) Has your bird been exposed to other birds recently? Yes □ No □

14.) To your knowledge, is there a history of illness/injury? Yes D No D

15.) Has your bird been on any medications in the past, or is it currently? Yes D No D

If so, what medication(s)?

Dosage? How are they administered?

16.) Does the bird appear to have any problems or noticeable symptoms?

How long have they been present?

17.) Has your bird been seen by other veterinarians? Yes \Box No \Box

18.) Has your bird been eating/drinking normally? Yes □ No □

19.) Have there been any changes in your bird's droppings (number, color, consistency)? Yes □ No □

20.) Have you noticed any changes in your bird's behavior?