

Avian History & Husbandry Form

Patient Information

Name _____

Species _____

Age _____

Sex Male Female Unknown

How was bird sexed? Blood test(DNA) _____ Surgical _____ Visual _____

Color/Markings _____

Any permanent identification? Tattoo _____ Leg band _____ Microchip _____

If so please describe _____

How did you hear about our hospital? _____

Reason for today's visit:

What is the reason for today's visit? _____

How long have you noticed this problem? _____

Have you noticed any of the following symptoms?

___ Behavior change ___ Vomiting/regurgitation ___ Water intake

___ Lethargy/Decreased activity ___ Change in stools ___ Change in
appetite

___ Nasal or eye discharge ___ Change in urate ___ Weight
change

___ Sneezing ___ Scratching ___ Increased breathing rate/effort

___ Feather loss/abnormalities ___ Change in vocalization

___ Lameness

Has your bird ever been sick previously? ___ No ___ Yes

Describe _____

Is your bird currently on any medications? _____

Has your bird been tested for any of the following?

___ Psittacosis ___ Beak & Feather Disease ___ Polyomavirus

___ Fecal test ___ Radiographs ___ CBC

___ Chemistry panel Other _____