

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 \_\_\_\_\_