



Bradford Veterinary Clinic
176 Waits River Road
Bradford VT 05033
(802) 222-4903
(802) 222-4989 fax
www.bradfordvet.com

Client ID _____

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 _____

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? _____

Additional Questions:

1. Where did you acquire your bird?

2. When did you acquire your bird?

3. What are you feeding your bird?

a. Treats? _____

b. Supplements or Vitamins in food or water?

c. What kind of water is your bird given (i.e. well, town, bottled)?

4. What kind of caging is your bird in (i.e. metal, painted, free-roaming)?

5. What is on the bottom of the cage?

a. How often is this changed? _____

b. How often is the entire cage cleaned? _____

c. What do you clean the cage with?



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6. In what room is the bird kept?

 - a. Is it near a window? _____
 7. What types of toys are in the cage?

 8. What types of perches are in the cage?

 9. Do you use a mite protector?

 10. Do you use grit?

 11. Do you mist or bathe your bird and if so, how frequently?

 12. Do you have a UV light?

 - a. How close can the bird get to the light?

 - b. How frequently do you change the bulb?

 13. At what temperature is your bird kept?

 14. Are there any smokers in the household?

 15. Are there any other pets in the household? If so, what kinds?

 16. Are there any immunosuppressed/children/elderly people in the household?

 17. Do you use any aerosol sprays (hairspray, pledge) or cleaners in the house?

 18. Do you use Teflon or non-stick pans?

 19. Do you trim your bird's wings/nails?

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