

# Avian History



Pet Name: \_\_\_\_\_ Owner's Name: \_\_\_\_\_

Species: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Sex: Female Male

Age: \_\_\_\_\_ Color: \_\_\_\_\_

## Background Information

Length of time owned \_\_\_\_\_ Where acquired? Breeder Pet Store Other

How often is your bird handled? Daily Occasionally Never

Do you take your bird outside? Yes No

Date of vaccination: \_\_\_\_\_ Date of last Molt? \_\_\_\_\_

Character of stool? \_\_\_\_\_

## Husbandry:

Housing: indoors outdoors Is your bird allowed to roam free in the house? Yes No

Where is the cage located? \_\_\_\_\_

Type of cage? \_\_\_\_\_ Size of cage? \_\_\_\_\_

Is cage galvanized? Yes No How often is caged cleaned \_\_\_\_\_

What type of disinfectant is used when cleaning cage? \_\_\_\_\_

Type of perch offered? \_\_\_\_\_

Are there toys in the cage? Yes No What are the toys made of? \_\_\_\_\_

## Nutrition:

Seeds? Yes No if yes what brand? \_\_\_\_\_ Amount fed/frequency: \_\_\_\_\_

Pellets? Yes No if yes what brand? \_\_\_\_\_ Amount fed/frequency: \_\_\_\_\_

Fruits? Yes No if yes what Kind? \_\_\_\_\_ Amount fed/frequency: \_\_\_\_\_

Vegetables? Yes No if yes what Kind? \_\_\_\_\_ Amount fed/frequency: \_\_\_\_\_

Types of supplements/treat offered \_\_\_\_\_

Water source? \_\_\_\_\_ How often is water changed? \_\_\_\_\_

Any other pets? Yes No If yes, specify \_\_\_\_\_

Any other birds? Yes No

Are birds housed together? Singly?

If not housed together, do the birds interact? \_\_\_\_\_

Any new additions to the bird population? Yes No If yes, specify \_\_\_\_\_

If yes, were new additions properly quarantined separate from rest of bird population? Yes No

If yes, How long was the bird quarantined? \_\_\_\_\_