

Avian History

Owner's Name	Date
Bird's Name	Species
How long have you owned this bird?	
From what source did you acquire it?	<input type="checkbox"/> Pet Shop <input type="checkbox"/> Breeder <input type="checkbox"/> Other
Do you give any supplements?	<input type="checkbox"/> Vitamins <input type="checkbox"/> Minerals <input type="checkbox"/> No <input type="checkbox"/> Yes
Does your bird appear to have any problems? If yes, what symptoms have you noticed? When did these symptoms first appear?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Has your bird had any previous illnesses? If yes, please list them:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Has your bird received any medication(s) recently? Yes If yes, please list them:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have there been any recent changes in the bird's environment? If yes, please explain:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Has your bird's appetite changed in any way? If yes, please explain:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Any change in the color or consistency of the bird's droppings? If yes, please explain:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you noticed any signs of respiratory problems? If yes, please describe:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you noticed any regurgitation?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does your bird have any cagemates? If yes, are the cagemates showing signs of illness?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes
Have any new birds been added to your aviary or household?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Has your bird been exposed to any other birds including wild birds? (e.g. boarding, pet shop, etc)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Other Comments:	