Veterinary Hospital of the University of Pennsylvania
Avian History Form

Date:_____________

Instructions: An accurate history of your pet is extremely important. We would appreciate your cooperation in providing us with the following information. Please check the appropriate boxes or use the spaces provided. Thank you.

1. Patient information
Species: _____________________________________________________________________
Gender: □ male □ female □ unknown. Method used to determine ______________________
Date of hatch (if known) ______________ Date acquired ______________
Source (pet store, breeder, previous owner) _________________________________________
Number of previous owners (other than breeder, store)_______________________________
What states and countries has your bird lived in? _____________________________________

2. Environment
What room(s) is your bird kept in? _________________________________________________
Describe the cage- type, size, perches, toys, other furnishings __________________________
____________________________________________________________________________
____________________________________________________________________________
What is on the bottom of the cage?
Are there are other birds in the house? □ yes □ no. If so, what types are they and when were they acquired? ________________________________
List any other pets that you have __________________________________________________
Do you regulate the temperature near the cage? _________________________________
How much time does your bird spend outside of the cage? ___________________________
Is your bird supervised when it is out of the cage? □ at all times □ sometimes □ no
Does your bird chew on walls, furniture, or other household objects?____________________
List recent changes in the environment, if any: _______________________________________
____________________________________________________________________________
3. Exposure history
Has your bird been exposed to any birds other than your own? □yes □no
□Boarding - when, where_________________________________________________
□Bird clubs, shows - when, where_______________________________________
□Has your bird been outside or has a wild bird been in your home? When? ______
□Friends' birds, other birds:_____________________________________________
Toxins
Does anyone in the house smoke? □yes □no
Is your bird exposed to kitchen fumes? □yes □no.
Do you have non-stick cookware? □yes □no
Does your bird chew on houseplants? □yes □no. ___________________________
In what year was your house/apartment built? __________
Does your bird chew on painted surfaces (such as walls or windowsills)? □yes □no
Dust: Is there an unusual amount of dust, or any construction near your home? □yes □no
Do you have air filtration? □yes □no
Please list any air fresheners, cleaning products, deodorizers, or insecticides that are used in the same room as your bird ______________________________________________________
Please list other possible toxins or irritants: _________________________________________

4. Diet
What percent of your bird's diet consists of the following (please describe what the bird actually eats, not what is offered):

Bird pellets ____% brand(s):_______________________________________________
Seed mixture ____%, types/brand(s):________________________________________
Table food ____%, types:___________________________________________________
Other ____%, types:_______________________________________________________

How often do you change your bird's food? ______________________________________
Treats: types, frequency: _________________________________________________
Supplements:
Multivitamin in □water □food. Brand, frequency: __________________________
Minerals: □powder, □cuttlebone, □block, □oyster shell. Is it eaten? □yes □no
Is grit offered? □yes □no

Water source _____________________________________________________________
Please describe any recent additions/changes to your bird’s diet ___________________
5. Vaccinations
Please list any vaccine(s) has your bird had and when they were given ___________________
____________________________________________________________________________

6. Reproductive
Do you plan on breeding this bird? □yes □no □possibly
How many clutches of eggs has your bird laid? _____, or □does your bird lay continuously?
When was the most recent egg? _______ Was the egg □normal, □thin shelled, □misshapen
How many babies have been hatched from this bird? ____ Were they healthy? □yes □No
Describe any past reproductive problems or problems with offspring:

7. Does your bird have any behavioral problems?
   □Feather picking
   □Screaming
   □Biting, aggression
   □Fear of people
   □Other:

8. Previous Conditions, Problems, Or Operations (list with date, if known)______________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

9. Is your bird here for a: □well-bird check up, or is it □sick?
If your bird is sick, please describe the signs and how long the bird has been showing these signs:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Is your bird eating normally? □yes □no (describe):
Have you used any medications from a pet store? □no □yes (list):
Have you noticed any of the following:

- ☐ Weight loss? ☐ Weight gain?
- ☐ Sneezing? ☐ Discharge from the eyes or nose?
- ☐ Increased breathing rate or effort? ☐ Decreased ability to fly or exercise?
- ☐ A change in the voice?
- ☐ A change in the droppings?
- ☐ Abnormal feathers?
- ☐ Weakness in the legs or wings?

10. Has your bird been seen by another veterinarian for any of the current problems?

☐ yes ☐ no

If yes, when? ________________________________________________________________

Please list tests performed____________________________________________________

Please list medications given _________________________________________________

11. Is there anything else you would like done today?

☐ Nail trim
☐ Beak trim
☐ Wing trim

☐ I have questions about: ______________________________________________________

☐ Other: ___________________________________________________________________

If your bird is hospitalized, may we have permission to trim the wings? This will make medicating your bird less stressful – both in the hospital and at home. ☐ yes ☐ no

Did you know that avocado ingestion and fumes from Teflon (and other non-stick surfaces) on cookware, self-cleaning ovens, or heaters can be fatally toxic to pet birds? Please ask us if you need help making your home bird-safe.