



**Brealey Drive  
Animal Clinic**  
a place for people and their pets

## Avian History Form

Please Email Completed Form to: [info@brealeydriveanimalclinic.com](mailto:info@brealeydriveanimalclinic.com)

### Patient Information

Bird's Name: \_\_\_\_\_ Species: \_\_\_\_\_ Age: \_\_\_\_\_

Sex:(Circle One) **Male** **Female** **Unknown** **Pet Bird / Breeder**

Length Time Owned: \_\_\_\_\_ Where was the bird acquired? **Pet Store** **Breeder** **Other:** \_\_\_\_\_

Background Information: \_\_\_\_\_

Is the bird handled? **YES** **NO** If **YES**, how often: \_\_\_\_\_

Is the bird ever taken outside? **YES** **NO** If **YES**, describe: \_\_\_\_\_

### Reason for Visit

What is the primary issue for your bird's visit? \_\_\_\_\_

How long have you noticed the signs of an issue? How long have these problems been present? \_\_\_\_\_

Has your bird had any other health problems previously? \_\_\_\_\_

### Husbandry

Type of cage: \_\_\_\_\_ Size of cage: \_\_\_\_\_

Where is the cage located: \_\_\_\_\_ Cage bedding: \_\_\_\_\_

Decor and furnishings present in cage: \_\_\_\_\_

How often is the cage cleaned? \_\_\_\_\_

What types of disinfectants are used when cleaning the cage? \_\_\_\_\_

Does your bird bath? **YES** **NO** If **YES**, how often? \_\_\_\_\_

Does your bird have regular exposure to sunlight? **YES** **NO** please give, details: \_\_\_\_\_

What is your bird's light & dark cycle? \_\_\_\_\_

Does anyone in the household smoke? **YES NO** Do you use any aerosolized products: \_\_\_\_\_

Is your bird housed with another bird? **YES NO** If **YES**, how many? \_\_\_\_\_

For how long have they been housed together? \_\_\_\_\_

Are there any other birds in the household? **YES NO** If **YES**, how many? \_\_\_\_\_

Are there any other pets in the household? **YES NO** If **YES**, how many? \_\_\_\_\_

## **Nutrition**

How many times a day do you feed your bird? \_\_\_\_\_

Indicate which foods are eaten and in what amounts (by number, weight, or approx. volume):

- **Pellet Mixture:** Brand: \_\_\_\_\_  
Amount & Frequency: \_\_\_\_\_
- **Fruits and/or Vegetables:** Type: \_\_\_\_\_  
Amount(s) & Frequency: \_\_\_\_\_
- **Treats:** Brand: \_\_\_\_\_  
Amount(s) & Frequency: \_\_\_\_\_
- **Other foods offered** (Amounts & Frequency): \_\_\_\_\_  
\_\_\_\_\_

Do you use any nutritional supplements? **YES NO**

If **YES**, describe (brand, purpose, amount, frequency): \_\_\_\_\_  
\_\_\_\_\_

What water supply do you provide?

**Bottled Water**

**Filtered Water**

**Tap Water**

**Well Water**

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

Do you use any water supplements? **YES NO**

If **YES**, please describe (purpose, amount, and frequency): \_\_\_\_\_

Have you noticed any change in your bird's droppings? \_\_\_\_\_