



Idaho Veterinary Hospital - Avian History Form

Client Name: _____

Avian Information:

Name: _____ Species: _____

Age: _____ Sex M / F / Unknown How was it determined? _____

Band or Microchip Number: _____

Background Information

Length of time owner _____ Where acquired? Pet store / breeder

Housing: % of time in cage _____% Other: _____

% of time out of cage _____%

Cage substrate _____ Types of perches _____

Types of toys offered _____

Types of toys preferred/used _____

Time he/she goes to sleep _____ time wakes up _____

Where in the house is the cage located: _____

Any other birds? Yes/No Specify: _____

Does your bird like to bathe? Yes/ No Specify: _____

Do you use full spectrum lighting? Yes / No

Nutrition

Types of food offered: Pellets Y / N Specify: _____ % _____
Fruit/vegs Y / N Specify _____
_____ % _____
Seeds Y / N Specify: _____ % _____
Treats/Supplements Y / N Specify: _____
_____ % _____

When do you feed? _____

Medical History

Past medical problems? Yes / No Specify: _____

Hand raised? Yes / No Parent Raised yes / no

Last Veterinary Examination : _____

Any diagnostic testing performed? Yes / No

Radiographs/x-rays Blood work Sexing Other: _____

Are wings kept trimmed? Yes / No

Current medical concerns/complaints:

_____.