

**AVIAN PATIENT HISTORY**

Pet ID# \_\_\_\_\_  
Office Use Only  
Client ID# \_\_\_\_\_

**Pet Information** (*Please Print*) Date: \_\_\_\_\_

**Pet Name:** \_\_\_\_\_ **Species/Breed:** \_\_\_\_\_

Age / D.O.B: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Unknown

Pet's Color \_\_\_\_\_

1. How long have you owned this pet? \_\_\_\_\_
2. Where did you acquire your pet? \_\_\_\_\_
3. Is this pet confined to a cage or enclosure? \_\_\_\_\_
4. What kind of cage do you use? \_\_\_\_\_
5. What is used in the bottom of the cage? \_\_\_\_\_
6. What percentage of food do you feed? \_\_\_\_\_% pellets \_\_\_\_\_% seed \_\_\_\_\_% table food
7. Types and percentage of table food offered -- **Fruits** \_\_\_\_\_% \_\_\_\_\_  
**Vegetables** \_\_\_\_\_% \_\_\_\_\_  
**Other** \_\_\_\_\_% \_\_\_\_\_
8. What **Brand of food** do you feed? \_\_\_\_\_
9. Do you give your pet tap or purified water? \_\_\_\_\_
10. How often is food and water changed? \_\_\_\_\_
11. How often are the food dishes washed? \_\_\_\_\_
12. What type of soap/disinfectant is used? \_\_\_\_\_
13. Have there been any pets in contact with this one that have died within the last month? \_\_\_\_\_  
If yes, explain: \_\_\_\_\_
14. Has this pet been sick at any other time during the last 12 months? \_\_\_\_\_
15. Has this pet been to see another veterinarian in the past 12 months? \_\_\_\_\_  
If so, whom? \_\_\_\_\_
16. Has this pet been given any medications or supplements in the past 7 days? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, which ones? \_\_\_\_\_
17. Does your pet have a microchip? Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_

**LIST OTHER AVIAN OR EXOTIC BREEDS YOU HAVE AT HOME**

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

Breed \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

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

Breed \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_