

# Carmel Mountain Ranch Veterinary Hospital

## Avian History Form

Client Name: <first-name> <last-name>

Pet Name: <animal>

1. What type of bird do you have? \_\_\_\_\_ Age? \_\_\_\_\_
2. How did you acquire your bird? \_\_\_\_\_ When? \_\_\_\_\_
3. Is your bird male or female? \_\_\_\_\_ How do you know? \_\_\_\_\_
4. Has your bird ever laid an egg? \_\_\_\_\_ How often? \_\_\_\_\_
5. What other birds do you have? \_\_\_\_\_
6. Are your bird's wings trimmed? \_\_\_\_\_ Is he/she micro-chipped? \_\_\_\_\_
7. What do you use to clean the cage? \_\_\_\_\_ How often? \_\_\_\_\_
8. What are the dimensions of the cage? \_\_\_\_\_
9. What material is your cage made out of? If metal, what color? \_\_\_\_\_
10. What do you use to line the bottom of your cage? \_\_\_\_\_
11. What do you have in your bird's cage (i.e. toys, etc)? \_\_\_\_\_
12. Do you use sandpaper perches? \_\_\_\_\_
13. Do you have a mite protector? \_\_\_\_\_
14. Do you bathe or spray your bird? \_\_\_\_\_ How often? \_\_\_\_\_
15. How often do you change the water? \_\_\_\_\_ Bottled, tap or filtered? \_\_\_\_\_
16. What do you feed your bird? **Please be specific.** What percentages of each? \_\_\_\_\_  
\_\_\_\_\_
17. What kind of vitamins do you give? \_\_\_\_\_ How often? \_\_\_\_\_  
How are they given? \_\_\_\_\_
18. Do you have an ultra-violet light? \_\_\_\_\_ How often is it changed? \_\_\_\_\_
19. Do you give your bird grit or gravel? \_\_\_\_\_
20. When did your bird last molt? \_\_\_\_\_
21. Do you use non-stick or coated cookware or bake-ware? \_\_\_\_\_ Cooking spray? \_\_\_\_\_
22. What room is your bird's cage kept in? \_\_\_\_\_
23. Is anyone in you home immune-suppressed (i.e. elderly, infant, diabetic, cancer, HIV)? Y N
24. When was your bird last seen by a veterinarian? \_\_\_\_\_
25. Is your bird currently on medication? \_\_\_\_\_
26. Are there any problems that you would like addressed today? \_\_\_\_\_  
\_\_\_\_\_