



Avian History Form

Avian & Exotic Clinic
Of Palm City
Dr. April Romagnano
(772) 600-8895

Patient Info.

Owner's Name: _____ Bird's Name: _____ Date: _____

Gender: M F Unknown Age: _____ Breed: _____

How was the Gender determined: _____

If your bird is female, have you seen any egg laying: _____

This bird is a: Pet Breeder

Where did you get your bird: Breeder Private Home Pet Store Surrendered

Other _____

If your bird was surrendered, please say why: _____

Was bird handfed: Yes No Was bird: Domestically raised or Imported

How long have you owned your bird: _____

When was your bird's last molt: _____

Are there other pets in the house: Yes No If yes, How many and what kind: _____

Have there been any recent changes in the house hold(E.g.: new people, new pets, remodeling etc): _____

Housing Info.

Where is your bird kept, and what percent of the time: _____

When indoors, what percent of the time is spent in cage _____ % Free in house _____ %

Describe bird's cage (size, shape, toys, perches) _____

Is bird housed alone: Yes No

If there are other birds, where are they kept in relation to your bird: _____

List day and night temperatures of cage: _____ Day _____ Night

Is UV light supplied to bird: Yes No What is the source: _____

What lines the bottom of the cage: _____

How often is the cage cleaned: _____ What cleaners used: _____

Does anyone smoke inside the house: _____

Diet Info.

What foods are offered and in what amounts (e.g. Free choice pellets, lettuce, and a teaspoon of seeds): _____

What foods are accepted by your bird and in what percent (e.g. 90% seeds, 10% table food): _____

What treats are given: _____ How often: _____ How many: _____

Have there been any recent diet changes? Describe: _____

How is water offered (e.g. sipper bottle, bowl, cage cup): _____

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Health

Have you noticed any changes in your birds behavior: Yes No If Yes, please state what (e.g. started screaming, became aggressive, damaging feathers): _____

Have you noticed a change in your birds droppings: Yes No If Yes, what kind of changes: _____

Do you have your birds wings trimmed: Yes No If Yes, Why: _____

Is anyone in your house immunocompromised: Yes No
(receiving chemotherapy, organ transplant, very young or old)

Reason for Today's visit: _____

What signs have you noticed that prompted visit today: _____

How long have you noticed the problem: _____

Has your bird seen another vet for this problem: _____

Have any tests been previously conducted: _____

Does your bird take any medications: _____

How long has bird been on medications: _____

Additional comments, concerns, or requests: _____

