

Avian History Form

Compiled by Michael Cerda and modified by Dr Scott Echols (12-2011)

Companion

First Name:

Last Name:

Address:

Phone Number:

E-mail:

Patient Information

Patient's Name:

Species:

Gender:

Confirmed By: surgery, DNA, laid eggs, dimorphic)

Date of Hatch:

Date Acquired:

Source of Bird:

Form of Identification: Tattoo, Microchip, Band, Other _____, None

How Raised: Hand-raised, Parent-raised, Both

Previous Owners:

Why was this bird relinquished (if relinquished)?:

Environment

For more forms related to bird care, go to www.AvianStudios.com.



What room is your bird kept in?

Average daily temperature highs and lows:

Describe the cage- type, size, substrate, perches, toys and other furnishings:

How often is the cage cleaned?:

What cleaning products are used to clean cage?:

Where does the bird sleep?:

Types of other birds in the house and where/when they were acquired:

Is your bird around other non-bird pets?:

What kind?:

How much time does(do) your bird(s) spend outside of the cage?:

Is your bird supervised when it is outside of the cage?:

Does your bird chew on walls, furniture or other household objects?:

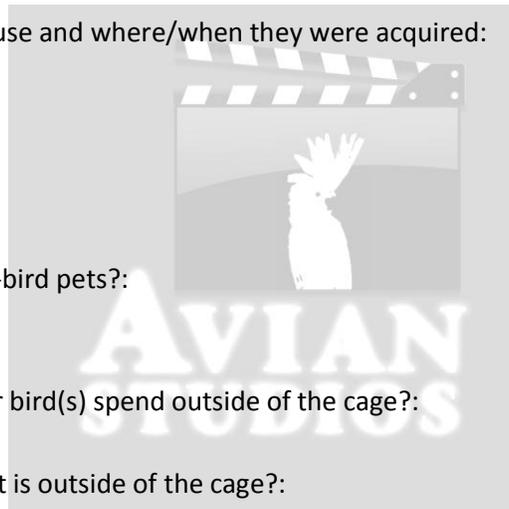
List types of household plants in your home:

Exposure History

Has your bird been exposed to any birds other than your own? If so, where (boarding- when and where, bird clubs or shows, friend's birds)?:

Has your bird been outside or exposed to wild birds?:

For more forms related to bird care, go to www.AvianStudios.com.



Sleeping and Bathing

Where does your bird sleep?:

Between what hours does your bird sleep? Does this vary?:

Is the photoperiod (hours of light each day) natural or regulated?:

Do you provide regular opportunities for bathing? Where and how (spray bottle, bath, shower)?:

Does your bird enjoy baths?:

How is the bird dried?:

Activity

How much time each day does your bird spend outside of the cage?:

How much time each day is your bird exposed to sunlight?: If so, what is the frequency and length of time?:

What percentage of time is spent outdoors?:

Supervised outdoors: Yes No

How much time each day is spent interacting with people?:

How and how often do you play with your bird?:

Is your bird supervised when out of the cage?: Yes No

Please give details

Who spends the most time with your bird? Which human does the bird prefer?:

Is your bird allowed to perch on your shoulder, lap, knee of the favorite person?

If so, for how long each day?

Is your bird exposed to full spectrum (UVA and UVB) lighting?:

If so, what is the brand?:

Do you provide any foraging activities?:

Please describe:

What percentage of diet is obtained through foraging?:

Does your bird actively play with toys by himself?:

Are the toys rotated?:

Toxins

Does anyone in the house smoke?:

Is your bird exposed to kitchen fumes?:

Do you have non-stick cookware?:

Does your bird chew on houseplants?:

Does your bird chew on painted surfaces (walls, windowsills, etc)?:

Does your house have any lead paint?:

Do you use any air fresheners, cleaning product, deodorizers or insecticides?:

Please list any products used in the same room as your bird:

Do you use pest extermination?:

Does your living space have air filtration?:

Diet

When is your bird fed?:

By whom?:

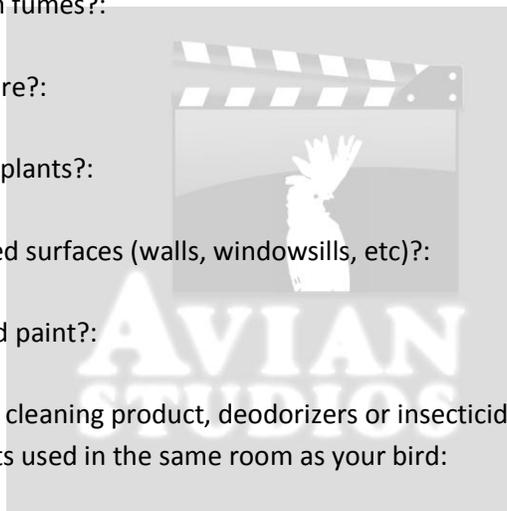
Types of food fed to your bird?:

Pellets, brand?:

Seeds, kinds, brand?:

Vegetables, kinds?:

For more forms related to bird care, go to www.AvianStudios.com.



Fruit, kinds?:

Pasta?:

Sprouts, kinds?:

Bread or any other flour based foods, kinds?:

Meat (type and amount) (freshly killed, frozen/thawed, live prey)?:

Whole grains, kinds?:

Cooked foods, kinds?:

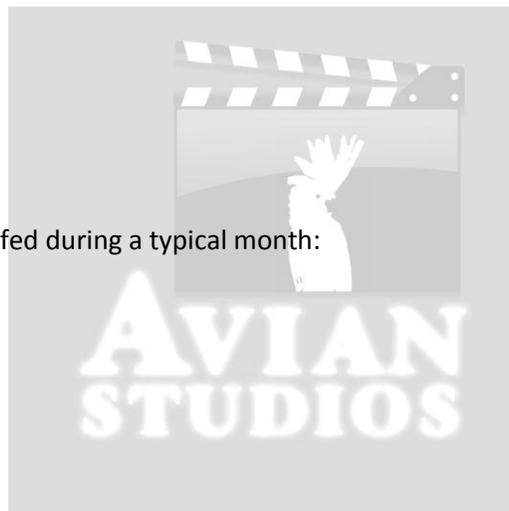
Table food, kinds?:

Treats, kinds?:

Other, specify?:

Percentages of types of foods fed during a typical month:

- Pellets
- Seeds
- Vegetables
- Fruits
- Pasta
- Sprouts
- Bread
- Meat
- Whole grains
- Cooked foods
- Table Food
- Treats
- Other



What is your bird's preferred food?:

What is your bird's preferred treat?:

Type of water (filtered, bottled, tap, other)?:

How is the water offered (Bowl, dripper, bottle, other)?:

For more forms related to bird care, go to www.AvianStudios.com.

How often is the water changed?:

Any dietary supplements offered (vitamins, cuttlebone, mineral blocks, grit, other)?:

Specify type:

Medical History

Is your bird eating normally?:

Is your bird on any medications?:

Specify:

Has your bird even been tested for psittacosis, polyomavirus, psittacine beak and feather disease, herpesvirus, avian bornavirus, avian gastric yeast, other?

-If so, where?

-If so, was any test positive (which one[s])?:

Any previous illnesses or surgeries?:

-Specify problem, when and how treated?:

Any Vaccinations?:

If so, specify:

Does your bird get wing trims?:

Is your bird groomed regularly (wing, beak, nails)?:

If so, who does the grooming?:

When did your bird last moult?:

Frequency of moult?:

When was your bird's last health examination?:

-If done, where performed?:

Give a brief medical history of any current problems (include current medications and known medical problems):



Reproductive History

Do you plan on breeding your bird?:

-Has your bird already been bred?:

How many clutches of eggs has your bird laid?

-How many eggs per clutch on average?:

-How many clutches per year on average?:

-When was the most recent egg/clutch laid?:

Has your bird laid any abnormal eggs (thin shell, misshapen, no shell, other)?:

Have any babies hatched from eggs laid?:

-Any problems with the babies?:

Describe any reproductive problems with your bird?:

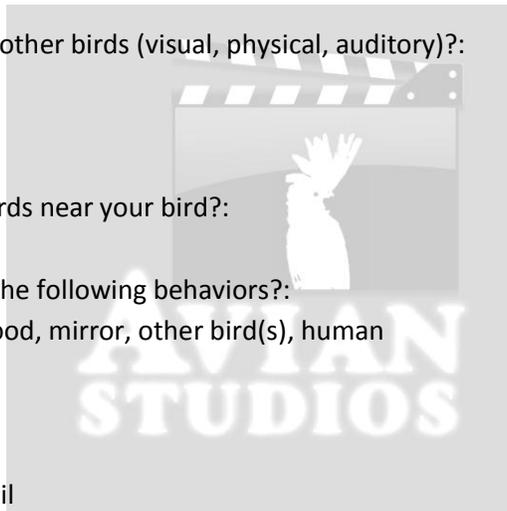
Does your bird have access to other birds (visual, physical, auditory)?:

-If so, which birds?:

Are there any other nesting birds near your bird?:

Does your bird display any of the following behaviors?:

- Protect cage, toys, food, mirror, other bird(s), human
- Nest building
- Regurgitation
- Hide in dark places
- Bend over and fan tail
- Masturbate
- Mother toys



Behavior

How much attention does your bird receive daily?:

Does your bird demand continual attention?:

Does your bird play actively by himself/herself?:

Is your bird wary of new People / Objects / Situations?:

Give details:

How would you characterize your bird's personality?: Aggressive / Anxious / Fearful / Playful / Relaxed / Other

Does your bird have any behavior problems?: Feather damaging / Screaming / Biting / Aggression / Fear / Self mutilation / Stereotypic behavior / Other)?:

If biting, does your bird: Attack without warning / Attack primary caregiver / Attack unfamiliar people / Attack household animals / Raise feathers and extend neck / Retreat after biting / Bites once and lets go / Bites multiple times and-or does not let go / Attacks only near the cage / Attacks only near the primary caregiver / Inflicts injuries requiring medical attention / Other

Describe the most recent biting episode:

If screaming or vocalizing excessively:

Under what circumstances:

Do you consider this a problem for your bird?:

If a problem, when did the screaming begin?:

Are there any triggers that start the screaming?:

If self-mutilating or damaging feathers:

Does your bird chew: Feathers (Down / Coverts / Primaries) / Skin / Feet

Does your bird pull its feathers?:

If pulling feathers, does your bird scream when pulling feathers?:

When does your bird damage feathers or skin?:

Can you interrupt this behavior?

Are there any precipitating causes of this behavior?:

Has there been any change in frequency, duration or appearance of this behavior?:

Have you attempted any treatments to correct this behavior and have they worked?:

Describe in detail the most recent feather, skin or foot damaging episode:

For more forms related to bird care, go to www.AvianStudios.com.

If performing stereotypical behaviors:

Does your demonstrate: Corner flips / Route trace / Pacing / Dribbling food / Rolling food in mouth / Other repetitive patterned behaviors

When did this behavior begin?:

Can you interrupt this behavior?

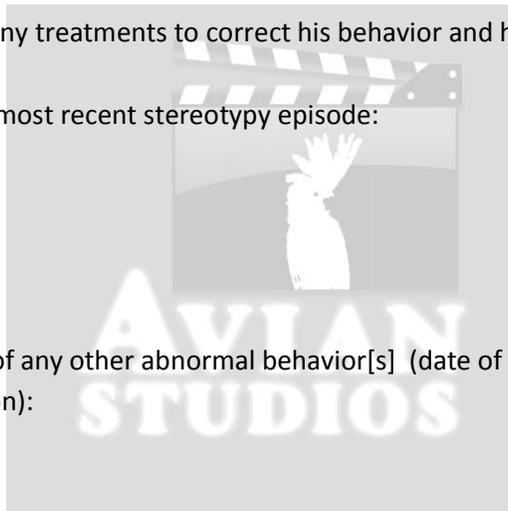
Are there any precipitating causes of this behavior?:

Has there been any change in frequency, duration or appearance of this behavior?:

Have you attempted any treatments to correct his behavior and have they worked?:

Describe in detail the most recent stereotypy episode:

Describe the circumstance(s) of any other abnormal behavior[s] (date of occurrence, person[s] present, signs displayed by bird, location):



Training

Does your bird know any commands?:

If so, which commands?:

Does your bird mimic or vocalize?:

Who is your bird's primary trainer?:

Do you, or the primary trainer, have regular training sessions with your bird?:

Do you use rewards for behavior training?:

If so, which ones?:

Do you correct or discipline your bird?:

If so, how?:

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