



AVIAN

Your Pet's Medical Information & History

Erlanger Veterinary Hospital



Owner's Name: _____	Pet's Name: _____
Account #: _____	Date: _____

Have you been to our satellite office, Union Pet Clinic, recently? _____

Has your address, home, cell, or work telephone numbers changed since your last visit? **NO YES**

If yes, please specify any changes: _____

What is your E-mail Address? _____

General History (Please circle answers or describe on lines provided)

Sex: **MALE FEMALE UNKNOWN** How was the bird sexed? **Blood Test Surgical Other**

Bird is a: **PET BREEDER** How was the bird acquired? **Pet Store Breeder Other**

Date acquired? _____

Does the bird have any specific identification? (ex: band, microchip) **NO YES** _____

Are there any other pets in the house? (If yes, please specify) **NO YES** _____

If the bird is a female, has she ever produced any eggs?(If yes, describe) **NO YES** _____

Housing (Please circle answers or describe on lines provided)

Where is the bird kept? **INDOORS OUTDOORS BOTH** If both, specify percentage of time in each place: _____

How is the bird housed? **CAGE AVIARY UNCONFINED OTHER**

Is the bird housed alone? **NO YES** If not, describe cage mate: _____

If caged, what type of cage is it? _____

What type of bedding is used on the bottom of the cage? _____

How often is the cage cleaned? _____

List method & frequency of cleaning food/water dishes: _____

Are there any toys in the cage? (If yes, describe) **NO YES:** _____

Is the bird covered at night? **NO YES** What total hours of darkness? _____

Diet (Please circle answers or describe on lines provided)

What foods are offered to the bird? _____

What total percentages? (e.g., 50% seed/50% fresh) _____

What percentage of these foods are removed from the cage at night? _____

Are there any supplements offered? If so, list brands _____

Are any treats offered? What type? How Often? _____

Has there been a recent change in the diet? **NO YES** If yes, when/why? _____

How is water offered? (e.g., sipper bottle, bowl) _____

Reason for Today's visit (Please circle answers or describe on lines provided)

What signs have you noticed that prompted today's visit? _____

How long have you been seeing these signs? _____

Has the bird been sick previously? _____

Has the bird ever been seen by any other veterinarian? **NO YES** If yes, when/why? _____

Have any tests been performed previously on the bird? Please circle all that apply:

Psittacosis Psittacine Beak & Feather Disease Polyomavirus Parasites

Chlamydia CBC Chemistry Panel Other (please describe) _____

Do you plan on boarding your bird in the future? **NO YES** _____