

## Avian History Form

Name of Bird: \_\_\_\_\_ Species: \_\_\_\_\_ Age: \_\_\_\_\_ Pet Bird/Breeder

Background Information: \_\_\_\_\_

Length of time owned: \_\_\_\_\_

Where acquired? Breeder  Pet Store  Other \_\_\_\_\_

Vaccination History \_\_\_\_\_ When was last molt? \_\_\_\_\_

Character of feces \_\_\_\_\_

How often is bird handled? Daily  Occasionally  Never  Is bird ever taken outside? Y/N

### Husbandry:

Housed Indoors/Outdoors? \_\_\_\_\_ Where is cage located?

\_\_\_\_\_

Type of Caging: \_\_\_\_\_ Size of Caging \_\_\_\_\_

Galvanized? Y/N

Cage Bedding? \_\_\_\_\_

How often is cage cleaned? \_\_\_\_\_

What type of disinfectant is used when cleaning cage?

\_\_\_\_\_

Types of toys/perches offered?

\_\_\_\_\_

### Nutrition:

Type of food offered:

--Pellets? No  Yes  If yes, what brand? \_\_\_\_\_

Amount fed/frequency \_\_\_\_\_

--Seed? No  Yes  If yes, what type? \_\_\_\_\_

Amount fed/frequency \_\_\_\_\_

--Fruits? No  Yes  If yes, what types? \_\_\_\_\_

Amount fed/frequency \_\_\_\_\_

--Vegetables? No  Yes  If yes, what types? \_\_\_\_\_

Amount fed/frequency \_\_\_\_\_

Types of Supplements/Treats offered

\_\_\_\_\_

Water Source: \_\_\_\_\_ How often is water changed? \_\_\_\_\_

Any other birds No  Yes  If yes, specify

\_\_\_\_\_

Any other pets? No  Yes  Specify

\_\_\_\_\_

Birds are housed together or singly? \_\_\_\_\_ If not housed together, where are other birds located? \_\_\_\_\_

Any new additions to the bird population? No  Yes  If yes, specify

\_\_\_\_\_

--Were the new additions properly quarantined separate from rest of bird population?

\_\_\_\_\_