VCA South Shore
(Weymouth) Animal Hospital

Client Sticker

Department of Avian and Exotic Animal Medicine
Avian History Form

General History

Patient Name			
Common/scientific name			
Date of birth/Age		☐ Approximate	☐ Exact
Sex	☐ M ☐ F ☐ Unknown ☐ Neutered/Spayed	Determined by:	
		☐ DNA	☐ Endoscopy
		☐ Visual	☐ Other
If female, has she produced eggs in the past?	☐ No ☐ Yes, when:		
Identification (please give number if applicable)	☐ Leg band	☐ Tattoo	
	☐ Microchip	☐ Other	
What is the origin of your bird?	☐Breeder	☐ Rescue	
	☐ Pet Store / Online retailer, name:		
	☐ Wild caught import	☐ Unknown	
	☐ Captive bred	☐ Other	
How long have you had your bird?			
Do you have other birds?	☐ Yes ☐ No	Describe:	
When was the last bird added to your collection?			
Do you have other non-bird animals?	☐ Yes ☐ No	Describe:	

Housing

Is your bird kept…	☐ Indoors	☐ Outdoors	☐ Both
Is your bird housed…	☐In a cage	☐In an aviary	☐Other
If caged, please tell us some details about the cage:	What is the cage made of?	What is the cage size?	What bedding is used?
What % of time does your bird spend inside and outside its cage?		Inside: ___%	Outside: ___%
Is your bird supervised when outside its cage?		☐Yes ☐No	
How often is the cage cleaned? What products are used to clean it?			
Does your bird have access to natural sunlight?	☐No ☐Yes. If yes, is it through a glass window? ☐No ☐Yes		
	Frequency and length of time:		
Does your bird have access to natural sun or artificial full-spectrum (UVA and UVB) light?	☐Yes ☐No		
	Brand of bulb: Frequency and length of time: How often the bulb is changed:		
How many hours of darkness does your bird have each day?			
Is your bird housed alone?	☐ Yes ☐ No	Describe:	

What decorations and furnishings are present?	☐ Nest box ☐ Perches ☐ Swings ☐ Other:		
Any toys, or other enrichment items?	☐ Yes ☐ No	Describe:	
Are bathing or spraying facilities present?	☐ Yes ☐ No	Describe:	
Do you have any candles, incense, cigarettes, non-stick cookware, or other sources of smoke in the house?		☐ Yes ☐ No	Describe:
Do you use any aerosolized products (e.g. hair spray, spray-on sunblock)?		☐ Yes ☐ No	Describe:
Any changes in your bird's environment in the last three months?		☐ Yes ☐ No	Describe:

Diet

What foods are offered to your bird, and in what percentages?	Seed: %	Brand:
	Pelleted diet: %	Brand:
	Nuts: %	Brand:
	Fruits/Veggies: %	Describe:
	Meat: %	Describe:
	Treat: %	Describe:
	Other: %	Describe:
How often do you feed your bird?		
Any supplements offered? Type? How often?		
Any recent diet changes?		
What type of water is offered?	☐Tap ☐Bottled ☐Filtered ☐Other	
How is water offered? (e.g. bowl, sipper bottle)	☐Water bowl ☐Dipper system ☐Spray	
How often is water changed?		
Do you use any water supplements?	☐No ☐Yes Describe:	
Have you noticed any changes in feeding or drinking behavior?	☐No ☐Yes Describe:	

Medical History

Has your bird ever been to another veterinarian?	☐Yes ☐No ☐Unsure	Location and dates:
Any reproductive history (e.g. egg binding, cloacal prolapses, infertility)?	☐Yes ☐No ☐Unsure	Describe:
Is your bird vaccinated/ dewormed?	☐Yes ☐No ☐Unsure	Describe:

When did your bird last molt?	Date: Was it normal? ☐Yes ☐No (please describe):	
How often does your bird molt?		
Does your bird get wing trimmed?	☐Yes ☐No ☐Unsure	When was the last time:
Does your bird get nail trimmed?	☐Yes ☐No ☐Unsure	When was the last time:
Does your bird get beak trimmed?	☐Yes ☐No ☐Unsure	How (clipped, filed down?):
Does your bird have any history of any medical conditions?	☐Yes ☐No ☐Unsure	Describe:
Is your bird currently on any medications, or been on any medications in the past 30 days?	☐Yes ☐No ☐Unsure	Describe:
Has your bird had any contact with other birds in the last 30 days?	☐Yes ☐No ☐Unsure	Describe:

Reason For Today's Visit

What is your reason for visit?	☐ Wellness / Healthy bird	☐ Sickness / Ailment / Injury	☐ Grooming
What is the primary complaint today, or what signs have you noticed?			
How long have these problems been present?			
Have you used any medications/treatment in the last 30 days? Please describe (dosage, duration, how often)			
Have you noticed any changes in your bird's behavior?	☐Yes ☐No ☐Unsure	Describe:	
Have any other animals or persons in the household had any illness in the last 30 days?	☐Yes ☐No ☐Unsure	Describe:	
Have you noticed any changes in droppings (color, smell, consistency, amount)?	☐Yes ☐No ☐Unsure	Describe:	