

WEST END VETERINARY OFFICE

Avian History Form

Owners Name: _____ Bird's Name: _____
Species: _____ Sex: M _____ F _____ Unknown _____

Where did you get your bird from? _____ Date acquired: _____

Present environment:

Where is your bird's cage located in the home? _____

Other birds in the same cage or aviary: _____

Temperature of your bird's environment? Summer _____ Winter _____

List other birds on the premises, indoors or outdoors: _____

List other pets in the home or yard: _____

List toys available to the bird: _____

What do you use on the bottom of the cage? _____ Can the bird reach it? _____

Frequency of cage cleaning _____

Method and frequency of cleaning of food/water bowl _____

How many hours of darkness does your bird have each day? _____

Diet Brand: Pellets _____ Seeds _____

Table foods _____

How many times a day do you feed? _____

If your bird is NOT well today:

Describe symptoms: _____

Has your bird ever been seen by any other veterinarian? _____

When? _____

Why? _____

I was referred to West End Veterinary Office by _____