

Avian History

Background Information:

Species _____ Age _____ Time owned _____

Acquired from (pet store name, breeder, etc) _____

Identification (leg band, microchip, tattoo?) _____

Was the bird hand fed? _____ When weaned? _____ When last molt? _____

Any changes in fecal or urine consistency, color? _____

Any previous or current medical problems? _____

Nutrition

Pelleted diet (yes/no) _____ Brand _____ Amount and frequency _____

Seeds (yes/no) _____ Brand/type _____ Amount and frequency _____

Fruits (yes/no) _____ What types? _____

Vegetables (yes/no) _____ What types? _____

Amount and frequency fruits and vegetables _____

Table food (yes/no) _____ What types? _____

Amount and frequency? _____

Treats offered (yes/no) _____ Types, amounts, and frequency _____

Any vitamin/mineral supplements (yes/no) _____ Brand _____ How given? _____

Amount/frequency _____ Cuttlebone or other calcium supplement (yes/no) _____

Water source (tap, filtered, bottled, de-ionized, distilled, etc.) _____

How often change water? _____ How often clean water dish? _____

Any recent diet changes? _____

Husbandry

Housed indoors/outdoors? _____ Type of cage (stainless steel, painted, coated wire, etc) _____

Where cage is located (living room, bedroom, etc.) _____

Size of cage _____ Cage Substrate _____

How often cleaned? _____ Type of cleaner/disinfectant _____

How many hours of dark/sleep? _____ hrs. Cage covered at sleep time? _Y_N_ Quiet at S.T.? _Y_N_

Type and amount of toys in cage? _____

Play area outside cage? _____ Type and amt. of toys _____

Type and size of perches _____

Other birds in house? If yes where? _____

Any new birds (<6months)? _____ Species and age new bird(s) _____

Was new bird quarantined/kept separate? _____ Where and how long? _____

Any other pets? _____ How do they interact w/ bird? _____

Anyone in house smoke? _____ House humidified in winter? _____

Presenting Complaint

What is present problem? _____

Dropping consistency _____

Normal for this bird? _Y_N_ If not normal, how long like this? _____

Any change in appetite, water consumption? _____

Any change in behavior? _____

Any other concerns? _____

Feather Picking History:

When was feather picking first noted? _____

Has the problem remained the same? Better? Worse? _____

Were there any change in the environment (new house, furniture, marriage, new room-mate, pets, diet change, etc.) of the bird shortly before or around the time that feather picking started?

Are there any obvious things that bother/scare the bird? _____

Is the bird friendly to all within household? _____

Who handles the bird and how often? _____

What if any “entertainment” is provided? _____

Do you consider your bird to be a “one person bird”? _____

Is the behavior more frequent at certain times of day? _____

Is there anything that elicits the behavior? _____

Is there anything that prevents/decreases the behavior? _____

Has your bird ever chewed through the skin until bleeding occurred? _____

How do you perceive the problem, cosmetic, physical, or emotional? _____

Is there any other information we should know? _____