



## BIRD HISTORY FORM

Patient Name: \_\_\_\_\_ Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Breed/Type: \_\_\_\_\_ Primary Colors: \_\_\_\_\_

- How long have you owned this pet? \_\_\_\_\_
- Where did you obtain this pet? (Pet Store, Breeder, Caught in the Wild, Friend)
  - \_\_\_\_\_
- Do you have other birds? If yes are they cagemates/housemates? Are they healthy?
  - \_\_\_\_\_
- If regular habitat is not available for veterinarian to look at, please describe:
  - Cage type/size: \_\_\_\_\_
  - Perch type/toys: \_\_\_\_\_
- Describe typical diet (include brand-name if available):
  - \_\_\_\_\_
- List any medications, insecticides or nutritional supplements used:
  - \_\_\_\_\_
- Describe previous medical problems/treatments:
  - \_\_\_\_\_
  - \_\_\_\_\_

### ***Does your bird:***

- \_\_\_\_ YES \_\_\_\_ NO Fly ?
- \_\_\_\_ YES \_\_\_\_ NO Go outside? If so where? \_\_\_\_\_
- \_\_\_\_ YES \_\_\_\_ NO Travel, board or attend shows? If so, where? \_\_\_\_\_
- \_\_\_\_ YES \_\_\_\_ NO Roam the house? If so, where? \_\_\_\_\_
- \_\_\_\_ YES \_\_\_\_ NO Chew on things (blinds, window sills, toys, etc)? \_\_\_\_\_
- \_\_\_\_ YES \_\_\_\_ NO Have exposure to toxins (2<sup>nd</sup> hand smoke, metals [lead,zinc], Teflon, pesticides, other)? \_\_\_\_\_

Comments or Questions? \_\_\_\_\_

\_\_\_\_\_

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***Thank you for choosing Westgate Pet and Bird Hospital***