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:
  o Cage type/size: ____________________________
  o 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 (2nd hand smoke, metals [lead,zinc], Teflon, pesticides, other)?

Comments or Questions? ____________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Thank you for choosing Westgate Pet and Bird Hospital