

OSU Veterinary Medical Hospital

**Avian History Form**

ID Label Here

Name: \_\_\_\_\_

Species: \_\_\_\_\_

Client: \_\_\_\_\_

Date:

**Animal Information:**

Time Owned:

Age at adoption:

Primary Care Giver:

# of prev. owners?

Source:

Captive Bred

Wild Caught

Unknown

Weaning: Age

Hand fed Y/N

Method:

Microchip/Band #:

Sexed: Y/N How:

Other Pets; note most recent addition:

Owner/Pets in contact with other birds?

Quarantine procedure:

**Housing:**

Cage Dimensions: \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ Made of: \_\_\_\_\_

Galvanized? \_\_\_\_\_ Powder Coated? \_\_\_\_\_

Cleaning Regime: Bottom- \_\_\_\_\_ Bars- \_\_\_\_\_ Disinfectants used: \_\_\_\_\_

Cage Location: \_\_\_\_\_  
Perch types: \_\_\_\_\_ Sandpaper used Y/N \_\_\_\_\_

Hiding place Y/N \_\_\_\_\_

Shared enclosure Y/N \_\_\_\_\_

Plays with toys? Y/N \_\_\_\_\_ Types: \_\_\_\_\_ Mirror? Y/N \_\_\_\_\_

Preference: \_\_\_\_\_ Rotated Y/N \_\_\_\_\_ How often? \_\_\_\_\_ Play Gym? Y/N \_\_\_\_\_

Building Description: Apartment Duplex House Heating: electric forced air boiler other \_\_\_\_\_

Air Conditioning Y/N \_\_\_\_\_ House Temp: Day - \_\_\_\_\_ Night - \_\_\_\_\_

What can bird see from cage: Window/Door/Skylight/Other \_\_\_\_\_

Location of other birds: \_\_\_\_\_

Where does bird sleep? \_\_\_\_\_ Cage cover: Y/N \_\_\_\_\_ Night light: Y/N \_\_\_\_\_ Night fright: Y/N \_\_\_\_\_

Hours Light: \_\_\_\_\_ Hours Dark: \_\_\_\_\_ Ultraviolet B bulbs Y/N \_\_\_\_\_ Bulb age: \_\_\_\_\_

Aromatics: Smokers  Incense/Candles  Air Fresheners  Self Clean Oven  Teflon Pans

Bath/Showers: \_\_\_\_\_ Frequency: \_\_\_\_\_ Water add-ons? \_\_\_\_\_ Blow dry: Y/N \_\_\_\_\_

Ever outside? Y/N In cage  On perch  Screened patio  Unrestrained

Exposure to wild birds? \_\_\_\_\_

Any recent changes (people, pets, furniture etc): \_\_\_\_\_

**Behavior:**

Preferred person: \_\_\_\_\_ Primary Handler: \_\_\_\_\_  
How often/long is bird handled? \_\_\_\_\_ Bird out (hr/day): \_\_\_\_\_ Supervised: Y/N \_\_\_\_\_

Training: How often? \_\_\_\_\_ Treats used? \_\_\_\_\_ How many words? \_\_\_\_\_

Steps up: Easily  Hesitantly  Rarely  Reacts Aggressively

Likes petting? Y/N Head  Back  Tail  Wings  Other \_\_\_\_\_

On shoulder? Always  Often  Occasionally  Rare  Never

Discipline? \_\_\_\_\_ How? \_\_\_\_\_ Afraid of situations/objects? \_\_\_\_\_

Problems observed: Biting  Screaming  Feather Plucking  Self-mutilation  Aggression

When: \_\_\_\_\_

Owner Response: \_\_\_\_\_

**Diet:**

Meals: \_\_\_\_\_ x per day, or free choice

Pellets: Y/N Brand:

Seeds: Y/N Brand:

Fruits: Y/N Types:

Veg's: Y/N Types:

Other:

Supplements:

Amount fed/freq:

Amount fed/freq:

Amount fed/freq:

Amount fed/freq:

Pasta  Cereals  Nuts  Meats  Eggs

Grit Y/N

Bird eats Y/N

Bird eats Y/N

Bird eats Y/N

Bird eats Y/N

When was the last bag of food opened:

Water Source:

Cleaning Frequency:

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**General:**

Last molt:

Eggs: Y/N

Wing trim: Y/N

Last Clutch:

Last done:

How Many?

Circle clip style below:



Character of last feces:

On-going medications: