

## BIRD INFORMATION

PLEASE FILL THIS FORM OUT COMPLETELY AND TO THE BEST OF YOUR ABILITIES. IF UNSURE, PUT UNKNOWN, OR PUT N/A IF THE INFORMATION IS NOT READILY AVAILABLE.

YOUR NAME: \_\_\_\_\_ PET'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

BREED: \_\_\_\_\_

AGE (IF KNOWN): \_\_\_\_\_ SEX (IF KNOWN): \_\_\_\_\_

DOMESTIC BRED OR IMPORTED?: \_\_\_\_\_

IS THIS BIRD A PET OR A BREEDER?: \_\_\_\_\_

IS THIS BIRD HAND TAME?: \_\_\_\_\_

HAS THE BIRD EVER LAID EGGS OR PRODUCED YOUNG?: \_\_\_\_\_

OWNED HOW LONG?: \_\_\_\_\_ PURCHASED WHERE: \_\_\_\_\_

PREVIOUS SIGNIFICANT MEDICAL PROBLEMS: \_\_\_\_\_

WHICH OF THE FOLLOWING FOOD ITEMS DOES YOUR BIRD EAT?

(PLEASE LIST AS PERCENT OF TOTAL DIET):

PELLETS: \_\_\_\_\_ %      BRAND OF PELLETS?: \_\_\_\_\_

SEED: \_\_\_\_\_ %      GREEN & ORANGE VEGETABLES: \_\_\_\_\_ %

FRUIT: \_\_\_\_\_ %      OTHER TABLE FOOD: \_\_\_\_\_ %

HOW MANY OF THE FOLLOWING ITEMS DOES YOUR BIRD EAT DAILY?

NUTS: \_\_\_\_\_      STORE BOUGHT BIRD TREATS: \_\_\_\_\_

VITAMINS OR SUPPLEMENTS: \_\_\_\_\_

CAGE BRAND (IF KNOWN): \_\_\_\_\_

WHAT DO YOU USE ON THE BOTTOM OF THE CAGE?: \_\_\_\_\_

LAST VETERINARY VISIT: \_\_\_\_\_

ON ANY MEDICATIONS WITHIN LAST MONTH?: \_\_\_\_\_

IF SO, WHAT?: \_\_\_\_\_      LAST DOSE GIVEN WHEN?: \_\_\_\_\_

LIST OTHER TYPES OF BIRDS IN HOUSEHOLD: \_\_\_\_\_

DOES THIS BIRD FLY FREE?: \_\_\_\_\_      ANY SMOKERS IN THE HOUSE?: \_\_\_\_\_