

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?: _____