UGA Exotic Animal, Wildlife & Zoological Medicine

ANIMAL DETAILS

AVIAN HISTORY FORM

A detailed history is essential to provide the most appropriate veterinary core for your animal. Please complete this form as accurately as possible. If there is anything you are useure about you can discuss it in more depth with the veterinary staff during your appointment.



Alford Avenue Veterinary Hospital

A. MINAL DETAILS	
Avian name or identification:	
Common or scientific species name:	
Date of birth:	Age
	Determined by: DNA 🗆 endoscopy 🗆 visual 🗆 other.
1000mm : 10	
	Y ; please give details
When did your bird last molt?	, How often has your bird been molting?
Is your bird vaccinated? N □ Y □; please give	details:
Does your bird get wing trimmed? N Y if	f yes, please give details
Do you have other birds or pets? N □ Y □; ple	ase give details:
Have you or your bird had any contact with other	or birds in the last 30 days? $N \square Y \square_{\Gamma}$ please give details:
When was the last bird added to your collection	7
REASON FOR PRESENTATION TODA	iY
What is the primary complaint or what signs have	we you noticed? How long have these problems been present?
What health problems has your bird had previous	sily?
Has your bird received any treatment in the last	30 days? N □ Y □, If yes, please give details (what was used, dosage,
how often, duration):	
Have you noticed any change in your bird's beh	avior? N 🗆 Y 🗆, please give details
Have any other animals or persons in the housel	hold had any illness in the last 30 days?

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DIET How often do you feed your animal?		
Indicate which foods are eaten and in what amounts		
	Amount?	
	Amount?	
☐ Fruits and/or vegetables: Type?	Amount?	
	Freshly killed □ Frezen/thawed □ Live prey □	
	Amount?	
D Other:		
Do you use any nutritional supplements? N 🗆 Y 🗀, if yes what, how much, and how often:		
What water supply do you provide? tap water	bottled water [] rain/river water []	
How is water provided? bowl □ dripper system □	spray 0, how often;	
How often is the water changed?	and the state of t	
Do you use any water supplements? N □ Y □, pleas	se give details;	
Have you noticed any changes in feeding or drinking	g behavior? Please give details;	
Have you noticed any changes in droppings (fecal m	aterial, urine and urates)? Please give details;	
CAGE ENVIRONMENT		
Where is the cage located? inside □ outside □, ple	ase give details;	
	Cage size:	
What kind of bedding is used?		
What décor and furnishings are present? nest box	perches () swings () toys () other:	
please give details;		
	please give details;	
	leaning/disinfectant agents are used?	
	and outside of its cage? Inside, Outside	
	Y [], please give details;	
	V □ Y □ Frequency and length of time	
	B) lighting? N Y Brand?	
What is your bird's light/dark cycle?		
Does anyone in the household smoke? N 🗆 Y 🗇	Do you use any aerosolized products? N□ Y□	
	n the last 3 months? N [] Y [], please give details	