

History Form for Avian Patients

In order to best evaluate and treat your sick bird, it is necessary for all aspects of its husbandry and care to be considered, as any of these could contribute to its disease. Therefore, please take the time to fill out the following questionnaire to the best of your knowledge, and submit the completed form to reception (ideally at least 24-hours prior to your appointment). If you are unsure of any of the questions please leave blank, and they can be discussed during the consultation.

Signalment

- Age (if known).....
- Sex (male, female, unknown).....
- If sexed, method used was (DNA, chromosomal, endoscopy, has laid an egg)
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- Breed
- Colour.....
- Weight (kg).....
- Other in-contact birds (yes/no).....
- If yes, sex (male, female).....Species.....
- How long owned.....
- Source (captive bred, imported, unknown).....
- If captive bred (hand-reared, parent-reared).....
- Does the bird talk? (yes/no).....
- Identification (microchip, leg ring).....
- If leg ring (split ring, closed ring).....

Environment

- Mainly (indoor, outdoor).....
 - If outdoor, description of aviary.....

MANOR VETERINARY CENTRE – AVIAN HISTORY FORM

- If indoor, description of cage, usual position and time spent in it

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- Metal used in construction.....

- Types of perches.....

- Size (diameter) of perches.....

- Is cage covered at night? (yes/no).....

- If yes, when is it covered?.....

- When is it uncovered?.....

- Any provision of ultraviolet light.....

- Frequency of cleaning.....

- Disinfectant used.....

- Owner-animal interaction.....

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- In-contact birds, including visits to pet shops, aviaries, or boarding facilities

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- Toxin exposure (does it spend time out of its cage when potentially it could have access to toxins, or does it live in kitchens where airborne toxins generated by cooking could be of significance?)

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MANOR VETERINARY CENTRE – AVIAN HISTORY FORM

Diet

- What is fed?.....
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- Is all food material eaten, or is the bird selective?.....
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- Purchased loose or in sealed bag?.....
- Food preparation and storage methods.....
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- Last meal.....
- Supplements (type and frequency).....
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- Water source.....
- Any supplements added, and whether water can be contaminated by droppings or birds bathing
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- Hygiene – frequency of cleaning and replenishing food and water containers
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MANOR VETERINARY CENTRE – AVIAN HISTORY FORM

Presenting signs

- Reason for presentation to Veterinary Surgeon.....
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- If signs present, details of when these were first noticed.....
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- Have signs progressed, remained unchanged, or improved?.....
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- Any other changes noticed by owner (e.g. droppings, vocalisation, food/water intake, behaviour)
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Medical history

- Previous history of illness or treatments (those carried out by owner and any previous veterinary treatment)
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MANOR VETERINARY CENTRE – AVIAN HISTORY FORM

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Chlamydial test (yes/no).....
- If yes, was it positive/negative.....
on ELISA/Antibodies/DNA.....
- If no, when was last test performed?.....

Client details

- Name.....
- Telephone number.....