

Date:

Time:

Avian Patient History

History (SO)	
Reason for visit?	
Signs?	
Where acquired?	
Length of Ownership/Approximate age?	
Other pets in household?	
Previous illness/treatment?	
Illness in family members/other pets?	
Change in droppings?	
Appetite?	
Activity level?	
Comments:	
Housing (SO)	
Type and Size of cage?	
Type and number of perches/toys?	
Type of flooring substrate?	
Frequency cleaned?	
Location of cage (by window, kitchen)?	
Is bird allowed out of cage?	
Length of time out/supervised when out?	
Comments:	
Diet (SO)	
Brand/type of commercial diet?	
Bird's preference of diet?	
Fresh fruits/veges?	
Dairy products?	
Other (nuts, meats, eggs)?	
Supplements?	
Water source (tap,filtered,well)?	
How supplied (bowl, dripper bottle)?	
Frequency changed/cleaned?	
Comments:	

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