



## Owner Contact Information

1. Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. City/Postal Code: \_\_\_\_\_

## Bird Identification

4. Bird Name: \_\_\_\_\_
5. Date of Birth: \_\_\_\_\_ If unknown, please provide an estimated age: \_\_\_\_\_
6. Species: \_\_\_\_\_ Sex:  Male  Female  Unknown
7. How was sex determined?  DNA (blood/feather)  Surgically  Other (describe): \_\_\_\_\_  
*\*Please note that not all species are sexually dimorphic and therefore color can only be used to determine sex in **some** species\**
8. Identification:  Microchip - List number if known: \_\_\_\_\_  Band - List number if known: \_\_\_\_\_
9. Bird Purpose:  Pet  Breeder  Other (describe): \_\_\_\_\_
10. Source of Bird:  Store  Breeder  Adoption/Rescue  Other (describe): \_\_\_\_\_
11. Date acquired: \_\_\_\_\_  Wild Caught  Domestic-bred
12. Has the bird been quarantined?  Yes  No  Commercial  Private Length: \_\_\_\_\_

## Current Health Status

13. Reason for visit:  Wellness Exam  Illness exam
14. If ill, describe signs and symptoms: \_\_\_\_\_
15. How long has problem been occurring? \_\_\_\_\_
16. Any treatments tried?  Yes  No If so, what? \_\_\_\_\_
17. Mark any of the following symptoms seen:  Vomiting  Limping  Weakness  Fluffed Feathers  
 Anorexia or reduced appetite  Regurgitation  Loose Droppings  Sneezing  Coughing  Tail bobbing  
 Open beak breathing  Seizures  Droopy Limb  Eye or nose discharge  Other – describe in detail below
18. Any other concerns. *\*Please be as detailed as possible, the more information you provide, the better we can help your bird\*:*



## Medical History

19. Previous illnesses or injuries: \_\_\_\_\_
20. Previous medications: \_\_\_\_\_
21. Any current medications:  Yes  No - If yes, describe: \_\_\_\_\_
22. Wing trimming:  Yes  No Method: \_\_\_\_\_
23. Vaccination history: \_\_\_\_\_
24. Date of last examination: \_\_\_\_\_

## Diet

25. What is the current diet (include brands)  Pellets: \_\_\_\_\_  Seeds: \_\_\_\_\_  
 Fresh foods: \_\_\_\_\_  Other (describe): \_\_\_\_\_
26. Volume of food offered: Pellets \_\_\_\_\_ Fresh Food \_\_\_\_\_ Seeds \_\_\_\_\_ Other \_\_\_\_\_
27. Amount consumed: Pellets \_\_\_\_\_ Fresh Food \_\_\_\_\_ Seeds \_\_\_\_\_ Other \_\_\_\_\_
28. How often is food replaced? \_\_\_\_\_

## Present Environment

29. Bird is kept in:  Cage  Aviary  Free in home  Indoors  Outdoors
30. Size and location of bird's enclosure: \_\_\_\_\_
31. Other birds in the same cage or aviary?  Yes  No
32. List other birds on the premises, past or present: \_\_\_\_\_
33. Are any of those birds' sick?  Yes  No Have any died?  Yes  No If yes, give details: \_\_\_\_\_
34. List other pets in home or yard: \_\_\_\_\_
35. List toys available to the bird: \_\_\_\_\_
36. What do you use on the bottom of the cage? \_\_\_\_\_ Can bird reach it?  Yes  No
37. Frequency of cage cleaning and products used: \_\_\_\_\_
38. Method and frequency of cleaning food and water receptacles: \_\_\_\_\_
39. Sleeping Habits: Hours of darkness: \_\_\_\_\_  Covered  Uncovered  In sleeping cage  In regular cage
40. Any activity around cage when bird is sleeping (describe): \_\_\_\_\_
41. Exposure to UVB:  Direct sunlight  UVB Bulb How many hours? \_\_\_\_\_
42. How is the bird bathed? \_\_\_\_\_ How often? \_\_\_\_\_



## Behavioral History

43. Any behavioral issues:  Yes  No Describe: \_\_\_\_\_
44. How long has it been an issue? \_\_\_\_\_
45. Any previous or current treatments for behavioral issues: \_\_\_\_\_

## Reproductive History

46. If female, any history of egg laying?  Yes  No Describe: \_\_\_\_\_
47. How often does egg laying occur? \_\_\_\_\_ How many eggs are produced? \_\_\_\_\_
48. Are eggs fertile?  Yes  No
49. If fertile, are offspring viable when hatched?  Yes  No Describe any issues: \_\_\_\_\_

Please email the completed form to [info@deltonvet.com](mailto:info@deltonvet.com).