



Animal Health Care Center



1938 Rosser Ave.
Waynesboro, VA 22980
Phone: (540) 948-2273

For After Hours Emergency Care,
Please Contact Shenandoah Valley
Regional Veterinary Services At:
(540) 248-1001

Avian History/Husbandry Worksheet

Please answer the following questions as accurately as possible. Health problems relating to improper housing and feeding are common among small pets. Your answers will help us recommend any changes that may influence your pet's well being. We will also provide you with a list of our recommendations to consider.

Today's Date: _____ Your Name: _____

Pet's Name: _____ Type of bird: _____

Sex: Male _____ Female _____ Unknown _____

1. How was your bird's sex identified? Surgical _____ DNA _____ Other _____

2. Does your bird have a tattoo, microchip, or band? If so, number: _____

3. Is your bird a pet? _____ Breeder? _____

4. Is your bird used to being handled? _____

5. What is the primary reason for your visit today? _____

6. How long have you had your bird? _____

7. Where did you acquire your bird? _____

8. If known, is your bird captive bred or wild caught? _____

9. Do you have more than one bird? If so, are they housed separately or together? _____

10. What do you feed your bird? List all treats, etc. _____

11. Do you give your pet vitamins or supplements? If so, what kind and how often? _____

12. Briefly describe your bird's cage. (size, type and number of perches, bowls, toys, etc.) _____

13. Does your bird fly free? _____
14. What type of substrate do you use in your bird's cage? (newspaper, gravel, corn cob, etc.) _____

15. How often do you clean your bird's cage? What do you use to clean it? _____

16. How often are food and water dishes changed? Cleaned? _____
17. Where is your bird's cage located in your home? _____
18. Have there been any changes in the bird's environment? _____

19. Has the bird been recently exposed to other birds? (recent acquisition, boarding, pet-shop, show) _____

20. To your knowledge, does your bird have any history of illness or injury? If so, what type and when? _____

21. Has your bird been on any medications in the past or is it on any now? If so, what medication, dosage and how is it being administered? _____

22. Has your bird been seen by another vet? If so, when and why? _____

23. Has your bird been drinking and eating normally? _____
24. Have there been any changes in your bird's droppings? (number, color, consistency) _____

25. Have you noticed any changes in your bird's behavior? _____
