



Avian Patient History

Ocean County Veterinary Hospital, P.A.

*Thank you for giving Ocean County Veterinary Hospital the opportunity to care for the bird you love!
So that we may better understand your bird's history, please take a moment to complete the following:*

Owner Information

Today's Date:

Appt. Date:

Owner Name: _____

Patient Information

Bird's Name: _____ MALE FEMALE NOT SURE Are you the original owner? YES NO

Breed: _____ Color: _____

Date of Birth (or approx. age): _____ Date Acquired: _____ Where Acquired? _____

Nutrition/Medications

What do you feed your bird? (Please be specific) _____

Supplements: VITAMINS MINERALS OTHER _____

Medical History:

Is your bird currently having any problems? YES NO If yes, what symptoms have you noticed? _____

When did these symptoms first appear? _____

Has your bird had any previous illness? YES NO If yes, please describe: _____

Has your bird received any medications recently (including those from a pet shop)? YES NO If yes, please list: _____

Have there been any recent changes in the bird's environment? YES NO If yes, please describe: _____

Has your bird's appetite changed in any way? YES NO If yes, please describe: _____

Has there been any change in the color or consistency of the bird's droppings? YES NO If yes, please describe: _____

Have you noticed any sign of respiratory problems (e.g., sneezing, difficulty breathing)? YES NO If yes, please describe: _____

Have you noticed any regurgitation? YES NO

Does your bird have any cagemates? YES NO If yes, is the cagemate(s) showing any sign of illness? YES NO

Have you added any new birds to your aviary or household? YES NO

Has your bird been exposed to any other birds? YES NO If yes, please explain how? (boarding, pet shop, wild birds, etc.) _____

Is there any other information that you feel we should know about your bird? _____