

Lakeside Veterinary Center, LLC  
8693 Cherry Lane Laurel, MD 20707  
301-498-8387

Avian History form

Owner last name:

Pet's name:

What prompted you to come today? (circle all that apply)

Annual visit

Nail trim

Other concerns

If you circled other concerns, can you describe briefly what those concerns are? \_\_\_\_\_

Has your pet recently experienced any of the following problems? (circle all that apply)

Overgrown beak    Trouble breathing    Sneezing    Red or Runny eye    Swollen eye

More aggressive than before    Lethargy    Reluctance to move    Fluffed up

Inability to walk normally    Sits at bottom of cage    Looks bloated in belly

Lumps or bumps (where? )    Swollen foot

Scratching    Feather picking    Bugs on skin    Bleeding from feather/wing

Not eating well (for how long? )    Soft stool    Diarrhea

Eggs in cage (when? How many? )    Weight gain    Weight loss

Drinking more than usual    Wounds    Drinking less than usual

Emergency room visits (what for? )    Pain of any kind

Other signs not listed here: please specify \_\_\_\_\_

What medications, if any, is your pet currently taking?

Other (please list with doses if possible): \_\_\_\_\_

What is your pet eating?

Pellets (Brand and amount per day):

Seeds (Brand and amount per day)

Other food stuffs: (please specify):

Is there anything else you want the doctor to know or want to talk with the doctor about?

Behavioral Questionnaire

I have my bird out of the cage      often      sometimes      never

I interact with my bird out of the cage often      sometimes      never

My bird loves one person in the house best      yes      no      If yes, who?

My bird's favorite spot to sit is      on a shoulder      on top of the cage      on play gym

My bird is hand trained?      Yes or no

My bird will stay where it is if I ask it to?      Yes or No

I have taught my bird tricks?      Yes or No

I have been encouraging my bird to forage?      Yes      No      I don't know what foraging is

I change the toys in the cage?      Never      Weekly      Monthly

I mist or shower with my bird?      Daily      Twice weekly      Weekly      Occasionally

I know the sex of my bird?      Yes      No

If yes, I know it because?      I know what a male looks like      DNA test      Surgical sexing

I have seen eggs in the cage

Anyone in my family can handle my bird?      Yes      No

I have no problem getting my bird into or out of its cage?      Yes      No

I know my bird's favorite treats?      Yes      No

My bird screams too much?      Yes      No

I can give my bird medicine in the mouth if needed?      Yes      No

I can give my bird injections if needed?      Yes      No

I have had my bird's wings trimmed before?      Yes      No      If yes, by whom?

I want a bird who will snuggle with me?      Yes      No

My bird bites at someone in the house or at strangers?      Yes      No

I know my bird is going to live longer than me?      Yes      No