



## Lexington-Bedford Veterinary Hospital

### Avian Information Sheet

Owner's Name:		Date:	
Patient Name:		Species:	
Age:	Sex:	Color:	
How long have you owned your bird?			
Where did you get your bird? (pet store, breeder, etc.)			
Do you have other birds at home? (yes/no)		If yes what kind(s)?	
Describe your bird's diet, including treats:			
Do you give your bird any vitamins or supplements? If yes what kinds?			
Briefly describe your bird's cage (size, location in house, room temperature, toys, and cleaning):			
Is your bird allowed to fly/roam around the house? (Yes/No)			
Has your bird ever been sick? If yes, what were the symptoms?			
Is your bird sick now? If yes for how long?			
Has he/she been getting better, staying the same, or getting worse?			
Are there any other birds at home showing the same symptoms?			
Has your bird ever been seen by a veterinarian before?			
Are your bird's droppings normal? If not, please describe:			
Is he/she eating normally? If not, please describe:			
Is he/she sneezing? (yes/no)		Breathing normally? (yes/no)	
Does your bird pant? (yes/no)		Active as usual? (yes/no)	
Is he/she talking/singing as much as usual? (yes/no)			
Have you treated your birds with any medication from the pet store? If yes, which one(s)?			
Is he/she on any medication(s) prescribed by a veterinarian? If yes, which ones(s)?			
Any other info we should know about your bird?			