

Avian History Form

Client Name: _____
 Pet Name: _____
 Phone Number: _____



Where animals come first.

GENERAL HISTORY

Patient Name			
Age		<input type="checkbox"/> Approximate	<input type="checkbox"/> Exact
Sex	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unknown <input type="checkbox"/> Neutered/Spayed	Determined by:	
		<input type="checkbox"/> DNA	<input type="checkbox"/> Endoscopy
		<input type="checkbox"/> Visual	<input type="checkbox"/> Other
Where was your bird acquired from?		<input type="checkbox"/> Breeder	<input type="checkbox"/> Rescue
		<input type="checkbox"/> Pet Store	<input type="checkbox"/> Other
How long have you had your bird?			
Do you have other birds?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	
Does your bird come in contact with these birds?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	
Do you have other non-bird animals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	
Does your bird come in contact with these animals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	

DIET

What foods are offered to your bird and how much? Please be as specific as possible.	Seed:	Brand:	Amount:
	Pelleted Diet:	Brand:	Amount:
	Nuts:	Types:	Amount:
	Vegetables:	Types:	Amount:
	Fruits:	Types:	Amount:
	Meat:	Types:	Amount:
	Commercial Treats:	Types:	Amount:
	Nutritional Supplements:	Types:	Amount:
Other:	Describe:	Amount:	
How often do you feed your bird?			
Any changes in your bird's appetite or drinking behavior?		<input type="checkbox"/> No <input type="checkbox"/> Yes	Describe:

HOUSING

What are the dimensions/approximate size of your bird's cage?			
What material is your bird's cage made out of?		<input type="checkbox"/> Wire	<input type="checkbox"/> Mesh <input type="checkbox"/> Glass <input type="checkbox"/> Plastic <input type="checkbox"/> Other
What is the bottom of your bird's cage lined with?			
What décor/furnishings are present?	Perches:	Types:	
	Enrichment:	Describe:	
	<input type="checkbox"/> Swings <input type="checkbox"/> Mirrors <input type="checkbox"/> Bells <input type="checkbox"/> Nest Box <input type="checkbox"/> Other: _____		
How often do you clean the cage?			
What products do you use to clean it?			
What is your bird's day and night cycle?	Hours of Daytime:	Hours of Nighttime:	

Do you have any...	<input type="checkbox"/> Candles	<input type="checkbox"/> Cigarettes	<input type="checkbox"/> Non-Stick Cookware
	<input type="checkbox"/> Incense	<input type="checkbox"/> Other Sources of Smoke: _____	
Do you use any aerosolized products?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	

MEDICAL HISTORY

Has your bird been seen by another Veterinarian?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Location, Date, and Reason:
Any reproductive history?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Describe:
Is your bird on any medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:
When did your bird last molt?		
How often does your bird molt?		
Is your bird flighted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Unsure

REASON FOR TODAY'S VISIT

What is your reason for visit?	<input type="checkbox"/> Wellness / Healthy Bird	<input type="checkbox"/> Sickness / Ailment / Injury	<input type="checkbox"/> Other
What is the primary complaint today, or what signs have you noticed?			
How long have these problems been present?			
Have there been any changes in your bird's environment in the last 3 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Describe:	

Off Label Drugs

Common veterinary practice, and the medicine practiced here at Conejo Valley Veterinary Hospital, often involves the use of an approved drug in a manner that is not in accordance with the approved labeling, yet meets the conditions set by the Animal Medicinal Drug Use Clarification Act, as well as regulations set by the U.S. Food and Drug Administration (FDA). Examples of deviations from FDA-approved labeling include use in another species (which is the most common reason for off-label use in zoological companion animal species), use for a different indication, use at a different dose or frequency, and use of the drug via a different route of administration. By signing below, you are confirming that you understand the above description and are allowing the use of off label drugs for your pet if deemed necessary, and within the reasonable judgement of your veterinarian.

Date: _____

Signature: _____

Permission to Use Pictures and Names

I hereby give Conejo Valley Veterinary Hospital the irrevocable rights to use my pet's picture(s) and name, on the website and social media for education, display, public relations, and marketing. I hereby acknowledge receipt of adequate consideration and waive the right to charge for use of the picture(s) and names of my pet. I understand that these images may be modified to be used as design elements.

Date: _____

Signature: _____

Withdrawal Period of Medications For My Animal (Species Specific)

I understand that any medications given to my animal, whether one time administration, short-term, or long-term course, have a minimum period of time before all of the administered drug is eliminated from the body. I am agreeing to not consume the meat or eggs of the animal that has been/is being medicated for the minimum amount of time advised by my veterinarian, which will be dependent on the medication administered or prescribed. I am agreeing that any animal that is prescribed off-label medications will not be used for meat, milk, or egg production purposes. I am agreeing that any meat, dairy, or egg products produced by animals prescribed off-label medications will not be sold to consumers under any circumstances.

Date: _____

Signature: _____