

Cornell Hospital for Animals

AVIAN HISTORY FORM

This history form is to help us get to know your pet a little better. Please answer the questions as thoroughly as possible and feel free to include images as needed.

You will not need to re-upload this entire form on every appointment. Upon future appointments, you will be shown the previous history form and you will be able to comment on changes as needed.

Thank you bringing your pet to CUHA!

CLIENT NAME:

PET NAME:

REASON FOR PRESENTATION:

What is the main reason you are coming to the veterinarian today?

When did the problem start?

Please elaborate on your concerns as much as possible here:

GENERAL INFORMATION:

How old is your pet?

How long have you owned your pet?

When you first obtained your pet, was he/she still growing?

Yes No Unknown

Where was your pet acquired from?

Shelter Rescue Group Breeder Pet Store

Found Friend Other (Please specify)

Has your pet ever been seen by a veterinarian?

Yes (if so, when) No Unknown

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What is the sex of your pet?

Male Female Unknown

Has your bird been DNA sexed in the past? y/n/unknown

Yes No Unknown

Has your bird been endoscopic sexed in the past?

Yes No Unknown

Does your bird lay eggs?

Yes No Unknown

If yes, when was the last egg laid and how many were laid at that time?

If yes, how many times a year does she lay?

Does your pet have any known health problems?

Have any prescriptions medications been given to your pet in the last 2 weeks?

Yes No Unknown

If yes, please list them here along with dosing directions if possible.

Is the patient on any vitamins, supplements, or over-the-counter medications? y/n/unknown

Yes No Unknown

Please list them here along with doses.

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Are there any behavioral problems you wish to speak to the doctor about today?

Aggressive towards human

Aggressive toward other animals

Feather-picking

Vocalizing

Urinating in inappropriate places

Other (please specify)

Is your bird gait or perching different than normal?

Yes

No

Unknown

If yes, for how long have you noticed this abnormality?

Is your pet's attitude or activity level different than normal?

Yes

No

Unknown

If yes, describe how is it different.

Is there any difficulty breathing?

Yes

No

Unknown

If yes, describe what is happening.

Is your pet been coughing or sneezing?

Yes

No

Unknown

Is your pet grooming abnormally? (i.e., not grooming at all or overgrooming in certain areas?)

Yes

No

Unknown

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DIET:

What is the normal diet your pet eats? Please be as specific as possible.

Vegetables	Type and quantity:
Pellets or kibbles	Type, brand, quantity:
Fruits	Type and quantity:
Seeds/Nuts	Type and quantity:
Preys	Type and quantity:
Other foods	Type and quantity:
Treats	Type, brand, quantity:

Did you make any changes in the last two weeks in the diet, such as offering new food or switching to a different food?

Yes No Unknown

If yes, what did you change?

Current eating habits

Has your pet eaten in the last 12 hours?

Yes No Unknown

If no, when is the last time your pet ate?

If yes, is your pet eating normally or less than normal?

Normal Less than normal

If your pet is eating less than normal, what percentage would you say he/she is eating?
(example, eating 50% less)

If your pet is eating less than normal, is he/she eating less of a specific food?
Please specify which food your pet is avoiding and which food your pet is preferring.

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Could your pet have ingested foreign material?

Yes No Unknown

If yes, what do you suspect could be the foreign material?

Could your pet have ingested a toxin?

Yes No Unknown

If yes, what do you suspect could be toxin?

Current drinking and eliminating habits

How do you offer water?

How often do you change the water?

Is your pet drinking normally?

Yes No Unknown

If no, how is that abnormal?

Is your pet defecating normally?

Yes No Unknown

If no, how is that abnormal?

If you think your pet is having diarrhea, please describe the diarrhea as best you can.

Does it happen every time they go to the bathroom? Yes No

Is your pet urinating normally?

Yes No Unknown

If no, how is that abnormal?

ENVIRONMENT:

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Enclosure

Where does your pet live?

Free-roaming in the house

Free-roaming in a room

In an exercise pen or playpen

In a cage

In an outdoor enclosure/others (please specify)

Does your pet live in different habitats during warm and cold months?

Yes

No

Unknown

If yes, how the habitats change?

If your pet stays in a cage, what is its dimensions?

Where is the cage located in your house?

Does your pet live in their environment alone?

Yes

No

Unknown

Are there other pets in the household?

Yes

No

Unknown

Do they have interactions with the pet you are bringing here?

Yes

No

Unknown

What decor is in the enclosure? Please provide a number of hide huts, toys, litter boxes.

What kind of substrate/bedding do you place on the bottom?

If using a litter box, what do you use for litter?

How often and with what is the enclosure cleaned?

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Do you exercise your pet?

Yes No Unknown

If yes, how do you do this?

Do your bird bathe or get bathed?

Yes No Unknown

If yes, how often does this happen?

If available, please include a picture of your pet enclosure.

Temperature and UVB exposure

Is your pet exposed to natural, unfiltered sunlight? (Unfiltered sunlight means without a glass or window in between your pet and the sun)

Yes No Unknown

If yes, how many hours per day on an average warm day?

If yes, how many hours per day on an average cold day?

Is your pet exposed to a UVB lamp?

Yes No Unknown

If yes, please specify the brand and watts

Is your pet exposed to a lamp providing heat?

Yes No Unknown

If yes, please specify the watts

Do you have any additional sources of heat?

Yes No Unknown

What is the warmest temperature available in the cage or the room where your pet lives?

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What is the coldest temperature available in the cage or the room where your pet lives?

How many hours of light does your pet have each day?

Others

Did you make any changes in the last two weeks regarding your pet environment, such as changing detergents or changing enclosure?

Yes No Unknown

If yes, what did you change?

Are you aware of any potential stressful events that occurred in the last two weeks?

Yes No Unknown

If yes, what type of stressful event?

Could your pet have been in contact with toxic material?

Yes No Unknown

If yes, what do you suspect could be toxic material?

FEATHER DESTRUCTIVE BEHAVIOR:

You only need to fill this section out if your bird is a feather picker, otherwise please skip this section.

Is the feather picking something new or a chronic issue?

New Chronic

If chronic, how long has it been going on? If new, when did this behavior start?

Does your bird seem itchy? Frantically picking? Itchy Frantically picking

Where on the body does your bird pick?

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Are the feathers chewed/frayed or are they pulled out?

Chewed

Frayed

Pulled out

Are there areas of complete feather loss? Or just sparse feathering in regions?

How do YOU react when the bird is chewing their feathers?

Does your bird create wounds to themselves? Do they make themselves bleed?

Any displays of sexual behavior? Be specific if yes.

Does the feather picking correlate to something? Certain time of year (ex. spring only)? Certain activity associated with it? (ex. happens when the dog barks)

Is there something you feel "triggers" the picking?

Are there any changes to your bird's environment? Moved recently, newly adopted pet, family members leaving or coming to the home? Change in cage position? Change in furniture placement at your home? Anything new at all!

Has anything been trialed in the past to stop the feather picking? Medications? E-collars? Environmental enrichment? Did any of the interventions help, make things worse, no change?

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Is there anything additional you wish to share with us about your pet?