WEST END VETERINARY OFFICE

Avian History Form

Owners Name:	Bird's Name:		
Species:	Sex: M		Unknown
Where did you get your bird from?		_ Date acquired:	
Present environment:			
Where is your bird's cage located in t	he home?		
Other birds in the same cage or aviary: _			
Temperature of your bird's environm	ent? Summer		Winter
List other birds on the premises, indoors	or outdoors:		
List other pets in the home or yard:			
List toys available to the bird:			
What do you use on the bottom of the ca	ge?		_ Can the bird reach it?
Frequency of cage cleaning			
Method and frequency of cleaning of foo	od/water bowl		
How many hours of darkness does your b	oird have each day?		
Diet Brand: Pellets	Seeds_		
Table foods			
How many times a day do you feed?		_	
If your bird is NOT well today:			
Describe symptoms:			
Has your bird ever been seen by any other vet	erinarian?		
When?	····		
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