

Basin Run Animal Hospital

572 Firetower Road Colora, MD 21917

410-658-5709

basinrunah@yourvetdoc.com

Avian History

Client name: _____

Patient information

Patient name: _____

Species: _____

Age/DOB: _____

How long have you had the patient: _____

From where did you get the patient: _____

Do you *know* the patient's sex (ie blood/DNA testing, laid eggs, etc): _____

Egg-laying habits (if applicable) – how frequently, normal clutch size, last time laid eggs:

Presenting complaint:

Signs/symptoms: _____

How long have they been present/When did they start? _____

Any worsening or improving of signs? _____

What treatments have you tried at home? _____

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Has the patient had this issue previously? If so, how did it resolve?

Other illnesses or previous medical conditions:

Current medications:

Diet

What food (brand, type, etc):

How much and how often:

Treats:

Supplements: _____

Water

How is it offered: _____

How frequently cleaned: _____

Any supplements added: _____

Any changes in intake: _____

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Housing / Environment

Type and size of caging:

Temperature ranges: _____

Type of bedding: _____

Types of perching material:

How frequently is enclosure cleaned: _____

How frequently do you fully change the bedding: _____

Enrichment/toys:

How frequently are the toys changed: _____

House with other animals or alone: _____

Other animals in the house:

Any new animals to the house:

Where in the house is the enclosure:

Any recent changes to the enclosure or home:

Any smokers at home or use of aerosols, oils, fragrances?

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Handling

How frequently handled: _____

By whom: _____

Other information:
