

Avian Case History Form

To help the vet understand your pet's care, please fill this information prior to your appointment and return it to reception@jamesstreetvets.co.uk

About your pet

Breed:	<input type="text"/>	Age:	<input type="text"/>	Weight (in kg):	<input type="text"/>
Sex:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Unknown <input type="checkbox"/>	If sexed, what method was used?	<input type="text"/>
Colour:	<input type="text"/>	Are they in contact with any other animals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, please provide details: <input type="text"/>					
How long have you owned the animal?	<input type="text"/>	Was the animal:	Captive bred <input type="checkbox"/>	Imported <input type="checkbox"/>	Unknown <input type="checkbox"/>
If captive bred:	Hand reared <input type="checkbox"/>	Parent reared <input type="checkbox"/>	Any loss of "voice" or change to pitch? <input type="text"/>		
Do they talk?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If leg ring:	Split ring <input type="checkbox"/>	Closed ring <input type="checkbox"/>
Chlamydophila test:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please provide results:	<input type="text"/>	

About their home

Where are they kept?	Indoor <input type="checkbox"/>	Outdoor <input type="checkbox"/>
If outdoors	Description of aviary: <input type="text"/>	
If indoors	Description of cage: <input type="text"/>	
Type of perches:	<input type="text"/>	Diameter of perches: <input type="text"/>
Is the cage covered at night?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, between what hours:	<input type="text"/>	
Describe habitat cleaning process and frequency:	<input type="text"/>	

About their diet

Diet:	<input type="text"/>	Last feed:	<input type="text"/>
Water source:	<input type="text"/>	Supplements:	<input type="text"/>
Describe their droppings: (Consistency, frequency)	<input type="text"/>	Last time passed droppings:	<input type="text"/>

History and concerns

Previous history of illness and/or treatments:

Current concerns: