Info About Your Pet Bird

Please take a few moments to fill out this history sheet.

What is the reason for today's visit? Routine _____ Illness _____ Injury _____

What type of diet is offered to the bird?
Seed_____what % of the total diet__________

Pellet _____what % of the total diet___________

What brand of pelleted diet__________________________________

Table food_____ if so, please list the different foods offered:

Are any vitamins used? If so, what brand name(s)? _____________________________
Are the vitamins liquid or powdered and how are they administered?

How often are the vitamins used?

Where is the cage located in the home?

What percent of the bird's time is spent in the cage?

Is the bird covered at night? If so, how many hours is the bird covered?

Does the bird have any cagemates?

When and where was the bird acquired?

Any prior illnesses? If so, were any medications given?

Any other pets in the household?