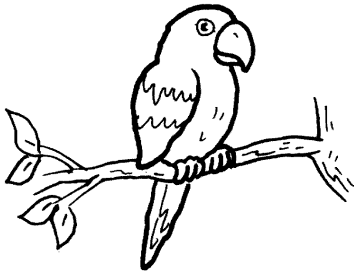


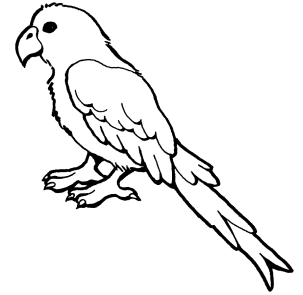
# SHERIDAN ANIMAL HOSPITAL

2288 Sheridan Drive ♦ Buffalo, New York 14223 ♦ (716) 833-2255

www.sheridananimalhospital.com



## BIRD HISTORY AND INFORMATION SHEET



Date: \_\_\_\_\_

Pet's name: \_\_\_\_\_

Owner's name: \_\_\_\_\_

- 1 Where did you obtain your bird? \_\_\_\_\_
- 2 Was it domestically raised or wild caught? \_\_\_\_\_
- 3 How long have you owned your bird? \_\_\_\_\_
- 4 Approximate age? \_\_\_\_\_ Did it have previous owners? \_\_\_\_\_
- 5 Did you purchase your bird as a pet or for breeding? \_\_\_\_\_
- 6 Does this bird come in contact with any other birds? \_\_\_\_\_ (please list/date acquired) \_\_\_\_\_
- 7 Are your birds housed together or separately? \_\_\_\_\_  
Are they in the same cage? \_\_\_\_\_ Same room? \_\_\_\_\_
- 8 Describe your birds housing (size of cage, type of perches, toys, etc) \_\_\_\_\_
- 9 Describe how you clean the housing and how often (products used to clean) \_\_\_\_\_
- 10 Could your bird have been exposed to lead e.g., paint chips, mirror backs, curtain weights, foils, tiffany lamps? \_\_\_\_\_
- 11 What does your bird eat? (seed, fruit/veggies, pellets, etc) \_\_\_\_\_
- 12 How often do you purchase food? \_\_\_\_\_
- 13 Do you use vitamin or mineral supplements? (If so, what, how often, and how much?) \_\_\_\_\_
- 14 Is your bird hand trained? \_\_\_\_\_ How often is it handled? \_\_\_\_\_
- 15 When was its last molt? \_\_\_\_\_
- 16 Has your bird ever laid eggs? \_\_\_\_\_ If so, were there difficulties? \_\_\_\_\_
- 17 Has your bird been to another veterinarian before? \_\_\_\_\_ If so, when was its last physical? \_\_\_\_\_
- 18 Has your bird ever been seriously ill in the past? \_\_\_\_\_  
If so, do you know what the diagnosis was? \_\_\_\_\_
- 19 Have you used any medications either over the counter or prescribed by another veterinarian?  
(please list dosage, duration etc.) \_\_\_\_\_
- 20 Please list any behavioral problems your bird has had: \_\_\_\_\_