



OLATHE ANIMAL HOSPITAL

13800 W 135TH St, Olathe, KS 66062

913-764-1415 FAX 913-764-7010

www.olatheanimalhospital.com



Avian History Form

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1. Owners Name: _____ Home Ph: _____
 2. Address: _____ WorkPh: _____
 3. Spouse _____ Cell Ph: _____
 4. City/State/Zip: _____ E-mail address: _____
 5. Bird's Name: _____ Species: _____ Sex: M / F / Unknown
 6. How was the sex identified? Surgically _____ DNA (blood test) _____ Other _____
 7. Identification (give number): Tattoo _____ Microchip _____ Band _____
 8. Bird is a pet: _____ or used for breeding _____ (circle) has produced: chick / eggs
 9. Source: Store / Private Breeder / Other _____
 10. Age: _____ Date Acquired: _____ Wild Caught _____ Domestic Bred _____
 11. Bird kept in cage _____ aviary _____ free in the house _____ wings trimmed _____
 12. Other birds at home Y/N If yes, where? _____
 13. List breeds of other birds on the same premises _____
 14. Are any other birds sick? _____ Have any died? _____ If yes, give details: _____

 15. List other pets on the premises: _____
 16. List toys available to this bird: _____

 17. What do you use on the bottom of the cage? _____ Can the bird reach it? _____
 18. How often does the cage get cleaned? _____ What is used for cleaning the food and water receptacles? _____

How often are they changed? _____

19. Hours of darkness that the bird has each day? _____

20. Diet: Pelleted food (brand and how much) _____ Seeds (kind and how much) _____
Table foods (what and how much) _____

21. How is water offered? Cup, bowl, tube? _____

22. Recent changes in the diet? _____

23. What signs have you noticed regarding this bird? Last signs: _____

24. What tests has the bird been given? (circle all that apply): Psittacosis, Psittacine Beak & Feather, Polyoma Virus, Parasites, Other _____

25. List vaccines and dates given: _____

26. Has this bird seen any other veterinarian? _____ When and why? _____

27. Comments: _____

In case of an emergency, and you could not be reached, who should we contact?

Name: _____ Phone: _____

Signature: _____ Date: _____

I was referred to your hospital by: _____

Opt Out: Check this box if you do NOT want your pet's picture or name displayed on our website, Facebook, Twitter, or any promotional materials. We love sharing our pictures with other pet lovers!

Thank you for taking the time to provide the above information!

ALL FEES ARE DUE WHEN SERVICES ARE RENDERED. Thank you for your cooperation in this matter.

MAJOR CREDIT CARDS ARE ACCEPTED

ASK US ABOUT Care Credit