



Bird Husbandry Form

Client Name: _____ **Pet's Name:** _____

Today's Date: _____

When acquired? _____ What age when acquired? _____

Where acquired? Circle and explain.

- A) pet store (name, location) _____
- B) breeder (name, location) _____
- C) former owner (relation) _____
- D) other _____

Is the sex of the bird known? Circle. A) Male B) Female C) unknown

How confirmed? A) Blood/DNA test B) laid eggs C) physical traits

Cage:

- 1) Approximate size of cage: _____ Type of metal? _____
- 2) Substrate in bottom of cage (newspaper, shavings, etc.) _____
- 3) How often substrate changed? _____ Cage cleaned? _____
- 4) Number of toys in cage? _____ How often rotated in cage? _____
Types of toys: A) wood B) plastic C) metal D) rope E) foraging F) puzzle
Types of perches: A) wood B) concrete C) sandpaper D) plastic E) other
- 5) How often fresh water given? _____ Fresh food? _____ Dishes cleaned?

- 6) Is cage placed near kitchen? Y or N Near windows, air vents/drafts? Y or N
- 7) Near fireplace or heater? Y or N Do you use candles, incense or aerosols? Y or N
- 8) What is the average temperature of the cage area? _____
- 9) Do you know the percent humidity of the cage area? _____

Do you provide humidity for your bird? (i.e., bird bath, humidifier, misting) Y or N
If yes, what type and how often? _____

How much time spent outside of cage per day? _____ Percent supervised _____
Free flight allowed inside? Y or N

How much sleeping time or number of hours in COMPLETE darkness and quiet? _____

How often do you allow access to UNFILTERED sunlight (direct, NOT through glass)? _____

Do you have other birds or pets? Y or N If yes, please list types of animals and how many.

Is your bird caged alone? Y or N If no, list cagemate(s) _____

List **percent** of each fed daily: pellets _____ vegetables _____ seeds/nuts _____
fruits _____ grains _____ "people" foods _____ other _____

Examples of people foods fed: _____

Brand of primary diet (pellets or seeds) _____

Do you use mite spray/strips in or around cage? Y or N

Do you use Teflon pans in your house? Y or N

Does **anyone** smoke in the house? Y or N

Do you feed "grit"? Y or N



Bird Illness Form

Client Name: _____ **Pet's Name:** _____

Today's Date: _____

A) Has your bird had any coughing, wheezing, or sneezing? Y or N If yes, any discharge? Y or N (Describe) _____ How often? _____

B) Any regurgitation or vomiting? Y or N If yes, how often? _____ (Describe) _____

C) Has your bird's activity level changed recently? Y or N Increased or decreased?

D) Is there any feather picking? Y or N What location on body? _____

E) Is your bird "fluffed up" or closing its eyes? Y or N

F) Are any other pets sick? Y or N

G) Has your bird's eating habits changed recently? Y or N Increased or decreased?
Has your bird's drinking increased or decreased or the same? _____

H) Have your bird's droppings changed recently? Y or N If yes, describe which part (color, frequency, volume): urates _____ urine _____ feces _____

I) If Female, does she currently lay eggs? Y or N If Yes, how many in a clutch? _____ How often? _____ Last time? _____

J) Have you tried any medications for treating this illness? Y or N or N/A If yes, list names of treatments and dosages: _____

K) Have there been any changes in husbandry or diet lately (ie, petsitter, new food, different home)? Y or N If yes, describe: _____

If you answered yes to any of the above questions please explain. Also, list any other peculiar behavior you have noticed. Include when symptoms first appeared.
