



## 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.

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