

Muirlands Animal and Avian Hospital

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Avian History Form

This information will become a permanent part of your bird's medical record. Please take time to complete it as carefully as possible. THANK YOU!

Bird's Name: _____ Owner's Name: _____ Date: _____

How long have you had this bird? _____ Where did you acquire it? _____

What do you feed your bird? (Please be specific) _____

*Seeds _____ % of diet *Vegetables _____ % of diet *Fruit _____ % of diet *Pellets _____ % of diet

What time does your bird wake up in the morning? _____ What time does your bird go to bed? _____

Where is the cage located? Kitchen Family Room Bedroom Other: _____

What kind of bedding does your pet have?

Newspaper Shavings Paper Towels Corncob Pellets

Does your bird appear to have any symptoms? Explain: _____

Is your bird...

Fluffed Lethargic Not vocalizing Vomiting At the bottom of cage Difficulty breathing

When did these symptoms first appear? _____

Has your bird had any previous illnesses? Please specify: _____

Have you noticed any discharge or change in color/consistency of droppings? _____

Has your bird's appetite/behavior changed in any way? Please specify: _____

Does your bird do any plucking or preening in your presence? Yes / No When did it start? _____

Do you give your bird any supplements? Yes / No What kind? _____

Has your bird received any medications recently? Yes / No

If yes, please list them: _____

Has your bird had any blood, culture, or fecal tests recently? Yes / No

Any recent changes to your home or your bird's environment? Explain: _____

Has quality time or daily routine with your pet changed recently? Yes / No _____

Has your bird traveled anywhere outside the home recently? Yes / No _____

Does your bird have any cage mates? Yes / No

If yes, are they showing any signs of illness? Yes / No

Does your pet spend any time outside (backyard)? Yes / No

Has any new birds been added to your aviary or household? Yes / No

Has your bird boarded/ or been groomed recently? Yes / No If yes, where? _____

Do you have any other questions or concerns?
