



SAN JOAQUIN
— VETERINARY HOSPITAL —

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AVIAN HISTORY FORM

General History

Bird's Name _____ Sex: M ___ F ___ UNK _____
How was bird sexed: Blood Test _____ Surgical (sexing) _____
If bird is female, has she produced eggs in the past (if yes, please describe) _____
How did you acquire the bird? Store _____ Breeder _____ Other (describe) _____
Wings trimmed: Y ___ N ___
Hand raised: Y ___ N ___

Housing

Is this bird kept: Indoors _____ Outdoors _____ Both _____ (if both, please specify % time in each)

How is your bird housed? Cage _____ Aviary _____ Free in the house _____
Is the bird housed alone? Y ___ N ___ If no, describe _____
If bird is caged, what type of cage? _____
Where is the cage located? _____
What do use on the bottom of the cage? _____
How often is the cage cleaned? _____
Method/ frequency of cleaning food/ water dishes _____
Any toys in the cage? Y ___ N ___ If yes, describe _____
Any metal toys? If yes please describe _____
Any bells? If yes please describe _____
Has the bird's environment changed recently? Y ___ N ___ If yes, describe _____
At night, do you cover the bird? Y _____ N _____ If yes, how do you cover the bird _____
How many hours of darkness does the bird have each day? _____

Diet

What foods are offered to your bird/ in what total percentages? (ie: 50% seed, etc) _____
What percentage of the food offered does the bird actually eat (i.e. 50% of the seed offered) _____
What percentages of these foods do you remove from the cage at night? _____
Any supplements offered? Brand name? _____
Any treats offered? Type? How often? _____
Any recent diet changes or new foods? Y ___ N ___ If yes, describe _____
How is water offered? (ie: sipper bottle, bowl) _____