



Avian Background Sheet

Owner's Name: _____ Pet's Name: _____ Date of Birth: _____

Species of bird: _____ Gender (circle one): Female / Male / Undetermined

Band number: _____ Type of band: _____

Microchip number: _____ Other identifying marks: _____

Where obtained: _____ When obtained: _____

Bird's use (circle one): Pet / Breeding / Education Are wings routinely clipped? Yes / No

Size and type of caging: _____ Cage bottom substrate: _____

Cage location in house: _____ Cage toys: _____

Number of birds in cage: _____ Number of birds in house: _____

Is your pet free to roam outside of his or her cage? yes / no

Water source (circle one): bowl / dish / sipper bottle

Access to bathing: Yes / No How Often? _____

Supplemental lighting: Yes / No Type: _____

Diet: (list types and amounts fed): _____

Supplements (Vitamins/minerals-list type, amounts and frequency): _____

Vaccinations (type and date): _____

Past medical history: (Include reactions to medications, prior health problems as well as treatments and outcome.)

Be sure to also fill out a new client form or sick pet form where appropriate.

