



## Mariposa Veterinary Wellness Center

13900 Santa Fe Trail Dr., Lenexa, KS 66215

(913) 825-3330

[www.MariposaVet.com](http://www.MariposaVet.com)

# Avian History Form

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ Spouse: (\_\_\_\_) \_\_\_\_\_

### **YOUR BIRD**

Bird's Name: \_\_\_\_\_ Species: \_\_\_\_\_ Sex: M / F / Unknown

How was the sex identified? Check one: Surgically \_\_\_\_\_ DNA (blood test) \_\_\_\_\_ Other \_\_\_\_\_

Identification (give number): Tattoo \_\_\_\_\_ Microchip \_\_\_\_\_ Band \_\_\_\_\_

Source: Store / Private Breeder / Other \_\_\_\_\_

Age: \_\_\_\_\_ Date Acquired: \_\_\_\_\_ Wild Caught \_\_\_\_\_ Domestic Bred \_\_\_\_\_

Bird kept in cage \_\_\_\_\_ aviary \_\_\_\_\_ free in the house \_\_\_\_\_ wings trimmed \_\_\_\_\_

### **DIET**

Pelleted food (brand) \_\_\_\_\_ Seeds \_\_\_\_\_

Table foods \_\_\_\_\_ Amounts of each \_\_\_\_\_

How is water offered? Cup, bowl, tube? \_\_\_\_\_

Recent changes in the diet? \_\_\_\_\_

### **CAGE SET UP AND ENVIRONMENT**

What do you use on the bottom of the cage? \_\_\_\_\_ Can the bird reach it? \_\_\_\_\_

How often does the cage get cleaned? \_\_\_\_\_ What is used for cleaning the food and water receptacles? \_\_\_\_\_ How often? \_\_\_\_\_

Hours of darkness that the bird has each day? \_\_\_\_\_

List toys available to this bird: \_\_\_\_\_

CONTINUED ON NEXT PAGE...

**OTHER PETS**

Other birds at home Y/N If yes, where? \_\_\_\_\_

List types of other birds on the same premises \_\_\_\_\_

Are any other birds sick? \_\_\_\_\_ Have any died? \_\_\_\_\_

If yes, give details: \_\_\_\_\_

List other pets on the premises: \_\_\_\_\_

**HEALTH HISTORY**

What signs have you noticed regarding this bird?

\_\_\_\_\_  
\_\_\_\_\_

What tests have been performed? (circle all that apply): Psittacosis, Psittacine Beak & Feather, Polyoma Virus, Parasites, Other \_\_\_\_\_

List vaccines and dates given: \_\_\_\_\_

Has this bird seen any other veterinarian? \_\_\_\_\_ When and why? \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

***In case of an emergency***, and you could not be reached, who should we contact?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I was referred to your hospital by: \_\_\_\_\_

**Thank you for taking the time to fill out this information!**

ALL FEES ARE DUE WHEN SERVICES ARE RENDERED. Thank you for your cooperation in this matter.  
MAJOR CREDIT CARDS ARE ACCEPTED FOR THOSE INTERESTED IN DELAYING PAYMENT.