



**Dupont  
Veterinary  
Clinic**

## Avian Background Sheet

At Coldwater

Today's Date: \_\_\_\_\_

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: \_\_\_\_\_

Birds 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.)

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