



PSITTACINE BIRD CASE HISTORY INFORMATION FOR CLIENTS

SPECIES _____ COLOUR _____ AGE _____ WEIGHT _____

SEX *MALE/FEMALE* METHOD OF SEXING _____

CONTACT WITH OTHER BIRDS *YES/NO* IF YES *MALE/FEMALE* SPECIES _____

HOW LONG OWNED _____ SOURCE *CAPTIVE BRED/IMPORTED/UNKNOWN*

IF CAPTIVE BRED *HAND REARED/PARENT REARED*

ANY VOICE LOSS/CHANGE IN PITCH *YES/NO* DOES THE BIRD TALK *YES/NO*

IDENTIFICATION (*MICROCHIP, LEG RING*) _____

IF LEG RING *SPLIT/CLOSED* MAINLY KEPT *INDOOR/OUTDOOR*

IF OUTDOOR, DESCRIBE AVIARY _____

IF INDOOR, DESCRIBE THE CAGE, POSITION AND TIME SPENT IN _____

TYPE OF PERCHES _____ DIAMETER OF PERCHES _____

IS THE CAGE COVERED AT NIGHT *YES/NO* IF YES WHEN IS IT COVERED/UNCOVERED _____

FREQUENCY OF CLEANING _____ DISINFECTANT USED _____

DIET (FULL DETAILS, BRANDS, WHERE BOUGHT ETC.) _____

LAST MEAL _____ SUPPLEMENTS (TYPE & FREQUENCY) _____

WATER SOURCE _____

DROPPINGS _____ URINE _____ URATES _____

CHLAMYDOPHILA TEST *YES/NO*

IF YES *POSITIVE/NEGATIVE* ON *ELISA/ ANTIBODIES/ DNA*

IF NO, LAST TEST WAS _____

PREVIOUS HISTORY OF ILLNESS OR TREATMENTS _____

CURRENT CONCERNS _____