

Bird Drop-off/Illness Information

Client Name: _____ Pet's Name: _____

Today's Date: _____

A) Has your bird had any coughing, wheezing, or sneezing? Y or N If yes, any discharge? Y or N
(Describe) _____ How often? _____

B) Any regurgitation or vomiting? Y or N If yes, how often? _____
(Describe) _____

C) Has your bird's activity level changed recently? Y or N Increased or decreased?

D) Is there any feather picking? Y or N What location on body? _____

E) Is your bird "fluffed up" or closing its eyes? Y or N

F) Are any other pets sick? Y or N

G) Has your bird's eating habits changed recently? Y or N Increased or decreased?
Has your bird's drinking increased or decreased or the same? _____

H) Have your bird's droppings changed recently? Y or N If yes, describe which part (color, frequency, volume):
urates _____ urine _____ feces _____

I) If Female, does she currently lay eggs? Y or N If Yes, how many in a clutch? _____
How often? _____ Last time? _____

J) Have you tried any medications for treating this illness? Y or N or N/A If yes, list names of treatments and dosages: _____

K) Have there been any changes in husbandry or diet lately (ie, petsitter, new food, different home)? Y or N If yes, describe: _____

If you answered yes to any of the above questions please explain. Also, list any other peculiar behavior you have noticed. Include when symptoms first appeared.
