

Your Bird's Name _____

Age of your Bird _____

How old was your bird when you got it _____

Bird Species _____

Breeder _____

Previous Illnesses _____

Your Name _____

Address _____

Phone Number (H) _____

(w) _____ (Cell) _____

Email: _____

Check one or more of these symptoms

Your bird has fluffed up or ruffled feathers How long? _____

Your bird has breathing problems What kind? _____

Open Mouthed Clicking sound Breathing noises

Your bird is sitting on the bottom of its cage for extended periods

Your bird has no energy and is lethargic

What do you feed your bird? _____

Is your bird sleeping normally? _____

What type of exercise or activity does your bird receive? _____

Your bird has diarrhea or there is a change in fecal matter

What color _____

What consistency _____ What volume _____

Are there seeds or undigested food in the feces _____

How long and frequent? _____ Is there blood? _____

Have you changed their food? _____

Has your bird been in a stressful situation? _____

Has your bird had diarrhea or fecal changes before? _____

Your bird is vomiting

Regurgitation or vomiting? _____

Do you know why your bird is vomiting? _____

Has your bird had this condition before? _____

Your bird has eye problems Red _____ Cloudy _____ Discharge _____

Your bird is not eating and is losing weight

Has your bird been outside or out of its normal home? _____

Your bird might have egg binding

Has your bird been treated before? _____ How? _____

Is your bird on any medication....what? _____ what for? _____

Veterinarian Directions

