**HOSPITAL REGISTRATION FORM FOR YOUR BIRD**

To help us keep your bird healthy, please complete this form and, if necessary, use the additional space on the back of the pages. Please answer as many of the questions as possible.

Owner's name................................................................................................................

Address.........................................................................................................................

............................................................... Postcode………Telephone no......................

Name of bird…………........................................................................................  
  
How long have you had your bird?....................................................................  
  
Age.......................Sex...................... Neutered? Y/N.

If neutered, at what age approx.?..... . ……………….Colour……………………………

Source (circle):   Pet shop          Friend               Breeder            Other (details below)  
  
………………………………………………………………………………………………..

Do you keep other birds?

If so, please give details of their type, sex, how long you have had them and any problems they may have had recently.

What other pets do you have?

**Your bird’s environment**

Are they confined to a cage/aviary all of the time or at times allowed to fly or be carried around?

Is your bird housed alone? If not, list all other animals in the enclosure & how long they have been together.

Describe any changes in the household since you have had your bird.

**Size and type of enclosure**

Please describe the enclosure and its **dimensions**, and **draw a plan** on the back of this page. Describe the materials it is made from. Are there any solid walls? If you have a photograph of it, you can include this too.

Where is the enclosure? If it is inside, which room is it in? If outdoors, what other structures are nearby?

How is the enclosure cleaned? How often? List products used.

**Cage/aviary furniture**

What are the perches or platforms made from?

How often are they changed?

Describe any nesting or hide boxes.

How often are the cage furnishings cleaned and how?

**Heat sources**

Describe the heating of the enclosure, if any.

**Lighting**

How long is your bird kept in the light (both natural and artificial)?

Do you cover your bird’s cage at night? What is the cover?

**Water**

What is the water source, and where is it in the enclosure?

How often is the water changed?

**More about your bird**

How often do you check your bird?

How often is your bird handled?

**Family relationships**

Has your bird’s behaviour changed recently? How?

Does your bird have a favourite family member? Who is it?

Does your bird behave aggressively to any family members or visitors?

Who is responsible for feeding your bird?

Do you or any family members train your bird?

What sorts of play or training activities do you do with your bird?

**Reproduction**

Does your bird have a breeding history? Does it display sexual activity?

If female, has your bird laid eggs? If so, when and how many?

**Food**

What diet do you feed and how often? Include all seed, grain, fruit, veg, pellets, leaves, grass and any human feed items or treats.

(Try to provide an estimated percentage of the diet for each item)

List any supplements, vitamins, minerals, tonics, medicines, probiotics etc. Ar these given in food or water?

How long have you fed your bird this diet?

What was the previous diet? (if applicable)

What is your bird's favourite food?

Do you weigh your bird? How often?

**Medical history**

Describe any abnormalities of the feathers, skin, nails or beak.

When was this first noted?

Describe any abnormalities of the droppings.

When was the last faecal examination done on this bird? Detail any worming dates & drugs. A twice-yearly faecal examination is recommended.

Has your bird had a health screening (blood examination) performed? If so, please detail. We recommended yearly blood screens in fit birds.

List all past medical problems, including dates and medications.

(attach printed history if referred from another clinic)

Please provide **details about the current problem** with your bird.

**How long** has the problem been going on? Is it getting **worse/better/same**?

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

**THANK YOU FOR FILLING OUT THIS DETAILED FORM.**  
Payment is required on the day of consultation.