

**Physical Exam - Avian (Psittacine/Passerine)**

**Date of Exam:**

**Patient Name:**

**Age:**

**Male or Female**

**Owner Name:**

**Best Contact Number:**

<b>History (Subjective):</b>	
<b>Presenting Complaint:</b>	
Duration of symptoms:	
Sudden onset?	
Gradually getting worse? If yes, for how long?	
Confirm breed of bird, is bird flighted?	
Last veterinary visit:	
Any bloodwork done?	
Any viral testing done?	
Any vaccines given?	
Other medical history:	
Current medications (strength, dosage, and frequency):	
For how long have you had pet in household?	
Where did you get pet from?	
<b>Husbandry - Diet:</b>	
What type of food do you offer (pellets, fruits, vegetables, nuts, ect)?	
What percent of diet is seeds?	
Is pet an egg layer?	
When was the last egg laid?	
Was the egg normal vs. soft or discolored?	
Do you supplement calcium?	
What type of calcium supplement?	
Any multi-vitamin supplements?	
Amount/Frequency:	
<b>Husbandry - Habitat:</b>	
(Please check one): <input type="checkbox"/> Indoors always <input type="checkbox"/> Indoors always with some trips outside (weather dependent) <input type="checkbox"/> Indoors/Outdoors <input type="checkbox"/> Outdoors mainly with some trips inside (weather dependent) <input type="checkbox"/> Outdoors always	
Is pet supervised when/if they are outside or out of the cage?	
What type of enclosure is pet kept in?	
Size:	
Types of perches in cage:	
What types of toys are in the cage? (metal or wood? treated or not?):	
How often is cage cleaned and what is used to clean cage?	

Does owner practice captive foraging?	
Is pet housed with any other species of birds?	
<b>Additional questions/concerns:</b>	

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Cornerstone