

Avian & Exotic Pet Clinic of Roanoke

Avian Background Sheet

Date: _____ Chart number: _____

Owner's name: _____ Pet's name: _____

Species of bird: _____ Gender (circle one): Female / Male / Undetermined

Band number: _____ Type of band: _____

Microchip type/number: _____ Other identifying marks: _____

Where obtained: _____ When obtained: _____

Bird's use (check one): Pet Breeding Education

Size and type of caging: _____ Cage bottom substrate: _____

Cage location in house: _____ Cage toys: _____

Number of birds in cage: _____ Number of birds in room: _____

Is your pet free to roam outside of his or her cage?: yes no

Water source (check those that apply) bowl sipper bottle

Diet: (list types and amounts fed): _____

Supplements (Vitamins/minerals): _____

Vaccinations (type and date): _____

Past medical history (include reactions to medications, prior health problems and treatments, etc.): _____

