



# East Hilliard Veterinary Services Avian Background Sheet



Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Age \_\_\_\_\_ Gender: male/female Breed: \_\_\_\_\_

Color/Markings: \_\_\_\_\_

Where obtained: \_\_\_\_\_

Length of ownership: \_\_\_\_\_

Animal's use: pet/breeder/show/education

Size and type of caging: \_\_\_\_\_  
\_\_\_\_\_



Free roaming? Yes/no If yes, when and how long? \_\_\_\_\_

Number of birds in household: \_\_\_\_\_ Other pets: \_\_\_\_\_

Diet: \_\_\_\_\_

Supplements: \_\_\_\_\_

Previous illnesses or conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Treatment and outcome: \_\_\_\_\_

Travel history: \_\_\_\_\_

Toys: \_\_\_\_\_

