

24. Diet: Pelleted food alone (brand) \_\_\_\_\_; seeds \_\_\_\_\_; Table foods \_\_\_\_\_; Combination \_\_\_\_\_.
25. Describe diet or eating habits: \_\_\_\_\_  
\_\_\_\_\_
26. Amount offered to the bird each day: \_\_\_\_\_ Amount the bird eats each day: \_\_\_\_\_
27. How is water offered (cup, tube)? \_\_\_\_\_
28. Recently added food or dietary changes: \_\_\_\_\_
29. What signs have you noticed regarding this bird, this incident? (Circle all that apply): diarrhea; blindness; vomiting; constipation; tail-bobbing; breathing difficulty; perching difficulty; fainting; fluffed feathers; drooping or injured wings or legs; eye/nostril/ear bleeding or injury; bitten by other bird or pet; feather picking or feather loss; skin bleeding; lameness; change in personality; change in vocalizations; change in stool consistency; change in appetite; excessive water consumption; coughing or hoarseness; Describe any other: \_\_\_\_\_
30. What tests has the bird been given? (Circle all that apply): Psittacosis; psittacine beak and feather disease; polyomavirus; parasites; other \_\_\_\_\_
31. List vaccines the bird has been given and date given? \_\_\_\_\_  
\_\_\_\_\_
32. Has the bird been seen by any other veterinarian? \_\_\_\_\_ When/ Why? \_\_\_\_\_  
\_\_\_\_\_
33. Has the bird been dewormed? \_\_\_\_\_
34. What treatment was used for deworming? \_\_\_\_\_
35. Additional Comments: (Your opinion regarding this illness/accident).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I was referred to your clinic by: \_\_\_\_\_