



Night Owl Bird Hospital History Form

Owners name: _____

Birds name: _____

Date: _____

Please answer the following questions to the best of your knowledge:

1. How long have you owned your bird?
2. When and where did you acquire your bird?
3. Approximate age of your bird?
4. Have you owned a bird previously? If yes, was it the same species, or a different species? (Please specify)
5. Do you own any other birds? If yes, what types?
6. What are the housing arrangements for your bird(s)?
7. When was the last time you brought a new bird into your household?

8. What do you feed your bird(s) daily?

9. Do you give your bird a vitamin and/or any other supplement? If yes, what type(s) and how often?

10. What symptoms does your bird show? When did they start and can you relate these symptoms to any cause?

11. Have you given your bird any medications or treatments for these symptoms? (Please specify)

12. Have there been any changes to your birds environment recently? (Please specify)
 - Has your bird been in contact with any other birds other than your own?

 - If yes, please briefly describe the type of contact, how long, type of bird etc.

13. Has your bird ever had any illness before? If yes, please describe type of illness, how long ago and how it was treated.