

New Client Avian Questionnaire

Please fill out as much as possible to help us evaluate your bird (continue on back if needed)



General Information

1. How long have you owned this bird? _____
2. Age, if known: _____
3. Sex, if known: _____
 - a. If sexed, was it by blood or feather? _____
4. Where did you get your bird? _____
5. Circle one: Imported Captive-Bred Unknown
6. How often is your bird misted/bathed? _____
7. Have you owned birds before? _____
 - a. If so, what type and when? _____
8. Vaccination history (type and date, if applicable): _____
9. Date of your bird's last molt: _____
10. Has your bird ever laid an egg? _____
 - a. If so, how many, how often, when? _____

Diet

1. Circle one: Bottled Water Tap Water Purified Water
2. What do you feed your bird? _____
3. Is seed stored in the freezer? _____
4. Diet breakdown: seed _____%, pellets _____%, human food _____%
5. Does your bird eat high fat treats? _____
 - a. If so, what and how much? _____
6. Does your bird eat sunflower seeds or peanuts? _____
 - a. If so, where are they purchased? _____

Environment

1. Does anyone in your house smoke? _____ Where? _____
2. Describe your cage: (Size, type of metal/paint, etc) _____
3. Type of toys: _____ How often are they changed? _____
4. Where is the cage located? _____
5. Is the cage covered at night? _____
6. Are there any other birds in the home? _____
 - a. Are they in the same cage or different cages? _____

Medical History

1. Do fecal droppings/urates look abnormal? _____ Explain _____
2. Have you noticed any coughing/sneezing? _____ How often? _____
3. Have you noticed any weight loss or change in appetite? _____
4. Have you noticed any vomiting/regurgitation? _____
5. Have you noticed a change in activity level? _____
6. Have you noticed a change in tone of voice? _____
7. Does your bird feather pick? _____
 - a. How long/When did you first notice? _____
8. Has your bird been on any medications in the past month (prescribed or OTC)? _____
 - a. If so, names and dosages: _____
9. Has your bird been sick before? _____
 - a. If so, when? _____ How was it treated? _____
10. Any other problems? _____