

Avian Questionnaire

Patient Information Label

Doctor: _____

Tech: _____

1. What is the reason for your visit? _____
2. How long have you owned your bird? _____
3. Where did you get your bird? _____
4. Have you ever owned a bird before? If so, what type?

5. Has your bird been exposed to any other species within the last year?

6. How often is your bird misted? _____
7. When was your bird's last molt? _____
8. Has your bird ever laid an egg? If so, when, how often, and how many?

9. What do you feed your bird? (be specific) _____

10. What percentage is seed? _____
11. What percentage are pellets? _____
12. What percentage is human food? _____
13. What type of water does your bird drink? (Tap, bottled, distilled, purified, etc.)

14. Is your bird on any medications or supplements? If so, list:

15. Does your bird have any known allergies? If yes, please list:

16. Do your bird's fecal droppings look normal? _____
17. Any coughing or sneezing? _____
18. Have you noticed any regurgitation? _____
19. Is his/her activity level normal? _____
20. Describe your bird's environment: (size/type of cage, toys, where cage is located, if it's indoors or outdoors, etc.) _____

21. Has your bird been exposed to any new species or brought to a new environment?
If yes, explain: _____
22. Does anyone in your home smoke? _____
23. Is the cage covered at night? _____
24. Has your bird ever been sick? If so, when, and what was wrong?

25. Does your bird pick at his/her feathers? If yes, how often, is it excessive, and is he/she causing any trauma? _____
26. Are there any behavioral changes?

27. Are there any other problems you are concerned about?
