



Avian Questionnaire

Owner's name:
 Other caretakers:
 Date:

Name of Bird:
 Species: Sex: Male/Female/Unknown
 Age/date of birth: Date acquired:
 Source: pet shop/friend/breeder (circle appropriate) or other:

Do you keep other birds? Y/N If yes please give details:

Name	Species	Date acquired	Source	Any illnesses?

What exposure does the bird have to the other birds?

Is your bird kept in a cage: Y/N If yes provide dimentions:H _____ W _____ D _____

Please bring a photo of the cage with you if possible.

What material is the cage made out of:

What is on the bottom of the cage and when is it changed?:

How and when is the cage cleaned:

Is the light cycle natural & regulated, or random & irregular?(circle): Regular/Random

Does your bird have access to the rest of the house: Y/N If yes provide details:

How old is your house approximately:

Has the bird damaged any household items/plants?:

Are there smokers in the house? Y/N

What potential aerosols is the bird exposed to (household chemicals, disinfectants, hair sprays, etc)?

Have any changes recently occurred in the home (new enclosure, different diet, painted house, changed carpet, moved to new location, new pet or strange people in the house, moved bird to new location in house)?

Describe the bird's diet, please list all the items he/she is known to eat and the quantities of these items if possible (include commercial diets and "people" foods):

Have you changed the diet recently? Y/N If yes please state when and describe the previous diet:

Do you give: If so please name and state the way you give them (ie in water, sprinkled over food, etc)

Vitamins Y/N

Medicines Y/N

Minerals Y/N

Probiotics Y/N

How much water does your bird drink each day:

If applicable, when did your bird:

Breed?

Nest?

Lay eggs?

Any previous reproductive problems? Y/N Please state with dates:

The present problem:

Please describe your birds's clinical signs (symptoms):

Any nasal or ocular discharge? Y/N

Any coughing or sneezing? Y/N

Any excessive drinking? Y/N

Are the droppings normal in appearance and size? Y/N

If no, please describe and state when the change occurred:

Is the skin normal? Y/N

Is there excessive scratching? Y/N

Any odd positioning or loss of use of any limbs? Y/N

If yes please describe:

Any abnormal vocalization? Y/N

Additional comments: