

## 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? \_\_\_\_\_