New Client Avian Questionnaire

Patient name: ___________________________ Date: ___________________________

Please fill out as much as possible, to help us evaluate your bird.

General Information:
1. How long have you owned this bird?________________________________________
2. Age (if known) ______ Sex (if known) ______ If sexed was it by blood or feather? (circle one)
   Microchip #?__________________________________________________
3. Where did you get your bird?_____________________________________________
4. Imported or captive-bred? ________________________________________________
5. Has your bird been exposed to any other birds in the last year?____________________
6. Normal weight? ______
7. How often is your bird misted/bathed?______________________________________
8. Vaccination history (type and date)________________________________________
9. Date of your bird’s last molt? _____________________________________________
10. Has your bird ever laid an egg? How many, how often, when?__________________
11. Have you owned birds before? What type?__________________________________

Diet:
1. What does your bird eat? (be specific, include human foods and supplements)
   _______________________________________________________________________
2. Does your bird eat sunflower seeds or peanuts? If so, where are they purchased?
   _______________________________________________________________________
3. Water source – bottled, tap, purified (circle one)

Environment:
1. What type of cage do you have (type of metal/paint)? Substrate used?_____________
2. Perch type?____________________________________________________________
3. Type of toys? How often are they changed?__________________________________
4. Is your bird housed alone or with another bird(s)?_____________________________
5. Is your bird housed indoor or outdoor? Near a drafty location?__________________
6. Does your bird go outside?_______________________________________________
7. Do you cover the cage at night?___________________________________________
8. Does anyone in your house smoke?_________________________________________
9. Is your bird exposed to kitchen fumes?______________________________________

Medical history:
1. Have you seen any of the following? (circle all that apply)
   Coughing/sneezing  Weight loss  Regurgitation
   Diarrhea  Activity level change  Voice change
   Urate color change  Fecal consistency change  _____________________________
2. Does your bird feather pick? How long? When was it first noticed?__________
3. Has any medications been used to treat your bird in the last two weeks? (prescribed or OTC)____________________
4. Has your bird been sick before? When? How was it treated?__________________
5. Any other problems?____________________________________________________