



## Avian New Patient Questionnaire

Owner's Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone numbers (home) \_\_\_\_\_ (cell) \_\_\_\_\_  
(work) \_\_\_\_\_

E-mail \_\_\_\_\_

Emerg. Contact (other than immediate family): \_\_\_\_\_ ph: \_\_\_\_\_

Pet's Name \_\_\_\_\_ Breed \_\_\_\_\_ Colour \_\_\_\_\_

Sex \_\_\_\_\_  Unknown Age or Hatched Date \_\_\_\_\_

Sex confirmed by?  DNA (feather/blood)  Other (describe) \_\_\_\_\_

Permanent Identification: Band: \_\_\_\_\_ Microchip: \_\_\_\_\_

1. Bird is:  A pet  Used for breeding (describe): \_\_\_\_\_

2. Source of bird:  Store  Private party  Breeder  Wild-caught  
 Other (describe) \_\_\_\_\_

3. Date acquired: \_\_\_\_\_

4. Has the bird been quarantined?  Commercial  Private  Length of quarantine: \_\_\_\_\_  
Other birds kept in the same quarantine? \_\_\_\_\_

Did any of those birds die or become ill during that quarantine period? \_\_\_\_\_

Give details: \_\_\_\_\_

### Present environment:

5. How do you house your bird?  In a cage  Aviary  Free in the house  Indoors  
 Outdoors  In a separate room  With the family

6. Are your birds wings trimmed?  YES  NO

7. Is your bird housed with other birds?  YES  NO Describe: \_\_\_\_\_

8. Other birds on the premises (pets/wild life/poultry) \_\_\_\_\_

9. Are/were any of those birds  Sick  Recently deceased, if so list details: \_\_\_\_\_  
\_\_\_\_\_

10. Other pets/animals in the house or yard? \_\_\_\_\_

11. List toys available to the bird: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. What do you use on the bottom of the cage? \_\_\_\_\_ Can the bird reach it? YES/NO

13. Frequency of cage cleaning: \_\_\_\_\_

14. Method/frequency of cleaning food/water receptacles: \_\_\_\_\_

15. How many hours of darkness does the bird have each day? \_\_\_\_\_

16. Describe Diet and amount offered each day:

Pelleted food (brand) \_\_\_\_\_

Seeds \_\_\_\_\_

Table foods/fresh fruit and veggies \_\_\_\_\_

17. Percentage your bird actually eats each day: Pellets % \_\_\_\_\_ Seeds % \_\_\_\_\_ Table food % \_\_\_\_\_

18. Do you give your bird a vitamin supplement? \_\_\_\_\_

19. How is water offered (dish, tube) \_\_\_\_\_

20. Recently added food or dietary changes: \_\_\_\_\_

21. What signs have you noticed recently:  Fluffed up (fluffed feathers)  Change in appetite  Vomiting

Sleeping more  Change in droppings  Change in personality  Tail-bobbing  Breathing difficulty

Perching difficulty  Fainting  Skin bleeding  Feather picking or feather loss

Drooping/injured wings or legs  Eye/nostril/ear bleeding or injury  Excessive water consumption

Bitten by other bird or pet  Lameness  Constipation  Change in vocalization  Blindness

Describe any other issues: \_\_\_\_\_

22. What tests has your bird had?  Chlamydia  Psittacine Beak and Feather Disease  Pacheco's Disease

Polyoma virus  Fecal Test  Blood test (type) \_\_\_\_\_

23. Has your bird been seen by any other veterinarian?  YES  NO When/Why? \_\_\_\_\_

24. Do you have any other questions or concerns: \_\_\_\_\_

I was referred to your clinic by: \_\_\_\_\_