



Avian Examination 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. What types of food are you feeding? _____

• Pellets – Brand(s) _____ % of diet _____

• Fresh fruit and veggies (types) _____
% of diet _____

• Grains and nuts (types) _____
% of diet _____

• Other table food _____
% of diet _____

• Seeds – Brand(s) _____ % of diet _____

2. What does your bird actually eat? _____

3. What is your bird's feeding schedule? _____

4. Does your bird have any foraging toys or opportunities to work for his/her meals?

Describe: _____

5. How much time does your bird spend: sleeping _____ out of cage _____
interacting with family members _____

6. Does your bird spend any time outdoors? YES NO How long/often _____

7. Do you have any questions or concerns about your bird's behavior _____

8. Does your bird board or have contact with other birds? YES NO Describe: _____

9. Do you have any other questions or concerns? _____