

## Avian Health Questionnaire

Date \_\_\_\_\_

Owner's Name \_\_\_\_\_ Pronouns (optional) \_\_\_\_\_

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

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

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

Emergency Contact (other than immediate family) \_\_\_\_\_ Phone \_\_\_\_\_

Pet's Name \_\_\_\_\_ Species \_\_\_\_\_

Colour \_\_\_\_\_ Age or Hatch Date \_\_\_\_\_

Gender: ☐ Male ☐ Female ☐ Unknown

Gender determined by: ☐ DNA (feather/blood) ☐ Endoscopy ☐ Other: \_\_\_\_\_

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

Date Acquired: \_\_\_\_\_

Source: ☐ Pet Store ☐ Breeder ☐ Private ☐ Rescue ☐ Wild-caught ☐ Other: \_\_\_\_\_

Was your bird quarantined when acquired? ☐ Yes ☐ No

If yes, give details: \_\_\_\_\_

Has your bird been tested for any of the following:

☐ Chlamydia ☐ Beak & Feather Disease ☐ Polyoma Virus ☐ Pacheco's Disease (herpes)

☐ Fecal Test ☐ Blood test (type): \_\_\_\_\_

Do you have other birds or pets? ☐ Yes ☐ No

If yes, give details: \_\_\_\_\_

Have you or your bird had any contact with other birds in the last 30 days? ☐ Yes ☐ No

If yes, give details: \_\_\_\_\_

When was the last bird added to your collection? \_\_\_\_\_

### **Housing & Environment:**

Where in the house does your bird live? \_\_\_\_\_

Describe their enclosure, or living space (dimensions, type, objects – eg, nest box, perches, swings, ladders, toys):

\_\_\_\_\_

What is used to line the bottom of the enclosure? \_\_\_\_\_

How often is their enclosure cleaned? \_\_\_\_\_

What cleaning/disinfectant agents are used? \_\_\_\_\_

How much time does your bird spend out of their enclosure? \_\_\_\_\_

Are they supervised when out of their enclosure? ☐ Yes ☐ No

Are bathing/spraying facilities provided? ☐ Yes ☐ No

If yes, give details: \_\_\_\_\_

Is your bird exposed to full spectrum (UVA, UVB) sunlight or lighting? ☐ Yes ☐ No

If yes, give details including brand: \_\_\_\_\_

What is your birds light/dark cycle? \_\_\_\_\_

Is your bird exposed to any of the following: ☐ Smoke ☐ Aerosolized products ☐ Non-stick cookware

### Diet:

How often do you feed your bird? \_\_\_\_\_

What foraging opportunities do you provide for your bird during mealtimes?

\_\_\_\_\_

\_\_\_\_\_

Indicate which foods are eaten and in what amounts (include brand/type):

☐ Pellets: \_\_\_\_\_

☐ Seed mixtures: \_\_\_\_\_

☐ Fresh fruits/vegetables: \_\_\_\_\_

☐ Meat: \_\_\_\_\_

☐ Treats: \_\_\_\_\_

☐ Other: \_\_\_\_\_

Do you give your bird any nutritional supplements (eg, vitamins, calcium, etc)? ☐ Yes ☐ No

If yes, give details: \_\_\_\_\_

How is water provided?

☐ Bowl ☐ Bottle/tube ☐ Dripper/spray ☐ Other: \_\_\_\_\_

### Health & Fitness:

Are your birds wings trimmed? ☐ Yes ☐ No

When was their last molt? \_\_\_\_\_

Does your bird have a reproductive history? ☐ Yes ☐ No

If yes, give details: \_\_\_\_\_

Do you have any of the following concerns (check all that apply):

☐ Fluffed feathers ☐ Sleeping more ☐ Behavior change ☐ Change in vocalization

☐ Appetite change ☐ Change in droppings ☐ Vomiting ☐ Constipation

☐ Tail bobbing ☐ Breathing difficulty ☐ Trouble perching ☐ Collapse/fainting

☐ Feather loss/plucking ☐ Bleeding ☐ Trauma (bitten, injured, etc.)

☐ Drooping/injured wings ☐ Lameness ☐ Eye/nose/ear discharge or injury

☐ Excessive drinking ☐ Blindness ☐ Other: \_\_\_\_\_

Is your bird currently on any medications? ☐ Yes ☐ No

If yes, give details: \_\_\_\_\_

Do you have any specific questions or concerns? \_\_\_\_\_