

Bird Questionnaire

Client Name: _____

Pet Name: _____

Type of Bird: _____

Reason for Visit: (please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Pre-purchase exam | <input type="checkbox"/> Bottom of cage |
| <input type="checkbox"/> Post-purchase exam | <input type="checkbox"/> Change in quantity or consistency of droppings |
| <input type="checkbox"/> General health check | <input type="checkbox"/> Not eating/eating less |
| <input type="checkbox"/> Yearly check-up | <input type="checkbox"/> Coughing or sneezing |
| <input type="checkbox"/> Sleeping more/lethargy | <input type="checkbox"/> Discharge from eyes or nose |
| <input type="checkbox"/> Talking/singing less | <input type="checkbox"/> Ruffled feathers |
| <input type="checkbox"/> Regurgitation/vomiting | <input type="checkbox"/> Tail bobbing |
| <input type="checkbox"/> Poor molt | <input type="checkbox"/> Difficulty perching |
| <input type="checkbox"/> Lameness | <input type="checkbox"/> Overgrown beak |
| <input type="checkbox"/> Feather picking | |
| <input type="checkbox"/> Other _____ | |

How long have you noticed these signs? _____

How long have you owned your bird? _____

Where did you obtain your bird (pet store/friend/breeder)? _____

Do you own more than one bird, and if so how many? _____

Is your bird housed alone or with a cage mate? _____

How often does he/she molt? _____

When was the last molt? _____

What do you feed your pet? (Please check all that apply and indicate the percentage of the total diet)

- millet _____% pellets _____% sunflower seeds _____% peanuts _____%
- fruit _____% vegetables _____% other _____%

Please list fruits/vegetables fed: _____

Other foods: _____

Do you offer your pet any of the following items?

- vitamin supplement mineral supplement cuttle bone grit

Is your bird covered at night? yes no

How much sleep time does it get? _____

What bedding or substrate do you use at the bottom of the cage? _____