



Bird Questionnaire

Client Name: _____

Email: _____

Pet Name: _____

Type of bird: _____

Reason for Visit: (please check off all that apply)

- Pre-purchase Exam
- Post-purchase Exam
- General health check
- Yearly check-up
- Other (see list below)

- | | |
|---|--|
| <input type="checkbox"/> sleeping more/lethargy | <input type="checkbox"/> not eating/eating less |
| <input type="checkbox"/> talking/singing less | <input type="checkbox"/> coughing or sneezing |
| <input type="checkbox"/> regurgitation/vomiting | <input type="checkbox"/> discharge from eyes or nose |
| <input type="checkbox"/> poor molt | <input type="checkbox"/> ruffled feathers |
| <input type="checkbox"/> lameness | <input type="checkbox"/> tail bobbing |
| <input type="checkbox"/> feather picking | <input type="checkbox"/> difficulty perching |
| <input type="checkbox"/> bottom of cage | <input type="checkbox"/> overgrown beak |
| <input type="checkbox"/> change in quantity or consistency of droppings | |

Other _____

How long have you noticed these signs? _____

How long have you owned your bird? ___ weeks ___ months ___ years

Where did you obtain your pet? Pet store friend breeder
other _____

Do you own more than one bird, and if so how many? No Yes _____

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

How often does it molt? _____

When was the last molt? _____

What do you feed your pet? (Please check all selections that apply and list the percentage of the diet these foods comprise)

- millet ___% pellets ___% Sunflower seeds ___% Peanuts ___% Fruit ___%
 Vegetables ___% Other ___%

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? _____