



### Bird Questionnaire

Client Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Pet Name: \_\_\_\_\_

Type of Pet: \_\_\_\_\_

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 |  |
| <input type="checkbox"/> other _____                                    |  |

How long have you noticed these signs? \_\_\_\_\_

How long have you owned your bird? \_\_\_\_\_ weeks \_\_\_\_\_ months \_\_\_\_\_ years

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

Does your pet have a cage mate, and if so, how many?  No  Yes \_\_\_\_\_

How often does it molt? \_\_\_\_\_

When was the last molt? \_\_\_\_\_

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

What do you feed your pet? (Please check all selections that apply and list the percentage of the diet these food 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 supplements  mineral supplements  cuttle bone  grit

Is your bird covered at night?  yes  no

How much sleep time does it get? \_\_\_\_\_

Substrate or bedding in bottom or cage: \_\_\_\_\_