

Date:	
Time:	
Appt Type:	<input type="checkbox"/> Wellness <input type="checkbox"/> Sick Visit <input type="checkbox"/> Work-In <input type="checkbox"/> After-Hours ER

AVIAN HISTORY QUESTIONNAIRE

Thank you for trusting us with your bird's veterinary care. Please help us to better serve you and your bird by completing this questionnaire to the best of your ability. Leave sections blank if you do not know the answer.

Name of Bird	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unknown	Date of Hatch:	
Species of Bird	If gender known, method of ID: <input type="checkbox"/> DNA <input type="checkbox"/> Surgical <input type="checkbox"/> Appearance <input type="checkbox"/> Eggs/Chicks		
Name of Owner	Use of Bird: <input type="checkbox"/> Companion <input type="checkbox"/> Breeder <input type="checkbox"/> Aviary <input type="checkbox"/> To be Sold <input type="checkbox"/> Falconry		
Date Obtained	Age When Obtained		
Place Obtained	<input type="checkbox"/> Pet store <input type="checkbox"/> Breeder <input type="checkbox"/> Bird Fair/Show <input type="checkbox"/> Friend/Family <input type="checkbox"/> Adopted <input type="checkbox"/> Found outside <input type="checkbox"/> Hatched at home		
How did you hear about us?	<input type="checkbox"/> Internet <input type="checkbox"/> Phone Book <input type="checkbox"/> Personal reference <input type="checkbox"/> Pet Store <input type="checkbox"/> Breeder <input type="checkbox"/> Veterinary Referral		
Referring Veterinarian:			
ENCLOSURE			
Style of cage	<input type="checkbox"/> Purchased <input type="checkbox"/> Came with bird <input type="checkbox"/> Homemade (galvanized wire, other)	Other:	
Brand of cage	<input type="checkbox"/> California <input type="checkbox"/> King's <input type="checkbox"/> Hoie <input type="checkbox"/> PreVue <input type="checkbox"/> Animal Environments	Other:	
Cage location in home	<input type="checkbox"/> Family Room <input type="checkbox"/> Living room <input type="checkbox"/> Bedroom <input type="checkbox"/> Dining room <input type="checkbox"/> Kitchen <input type="checkbox"/> Screened-In Porch <input type="checkbox"/> Sunroom <input type="checkbox"/> Outbuilding <input type="checkbox"/> Quarantine area	Other:	
Perches (check all)	<input type="checkbox"/> Dowel <input type="checkbox"/> Manzanita wood <input type="checkbox"/> Rope/Booda <input type="checkbox"/> PVC <input type="checkbox"/> Natural wood	Other:	
Toys (check all)	<input type="checkbox"/> Acrylic <input type="checkbox"/> Rawhide <input type="checkbox"/> Wood <input type="checkbox"/> Chain <input type="checkbox"/> Plastic <input type="checkbox"/> Rope	Other:	
Food and water containers	<input type="checkbox"/> Stainless steel <input type="checkbox"/> Plastic <input type="checkbox"/> Galvanized metal <input type="checkbox"/> Ceramic/Pottery <input type="checkbox"/> Water bottle for drinking <input type="checkbox"/> Water bowl for drinking water	Other:	
Type of litter	<input type="checkbox"/> Newspaper <input type="checkbox"/> Corn cob (not recommended) <input type="checkbox"/> Shavings (not recommended)	Other:	
How often is cage cleaned?	<input type="checkbox"/> Daily <input type="checkbox"/> Every few days <input type="checkbox"/> Weekly <input type="checkbox"/> Every few weeks <input type="checkbox"/> As needed <input type="checkbox"/> Rarely		
Cage dimensions	Height:	Width:	Depth: <input type="checkbox"/> Unknown
Is the cage covered at night?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a grate (metal wiring preventing access to the droppings) on the bottom of the cage?			<input type="checkbox"/> Yes <input type="checkbox"/> No
How much time spent out of cage?	# of Hours	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely <input type="checkbox"/> Never	
Level of supervision (if allowed out of cage)	<input type="checkbox"/> Always on person <input type="checkbox"/> Always watched <input type="checkbox"/> Unsupervised on occasion <input type="checkbox"/> Troublemaker		
DIET AND SUPPLEMENTS			
Style of eating (check all)	<input type="checkbox"/> Seed junkie <input type="checkbox"/> Finicky <input type="checkbox"/> Sporadic eating habits <input type="checkbox"/> Well-rounded diet <input type="checkbox"/> Eats nearly everything		
Foods offered (check all)	<input type="checkbox"/> Pellets <input type="checkbox"/> Seeds/Nuts <input type="checkbox"/> Fruits <input type="checkbox"/> Vegetables <input type="checkbox"/> Breads/Grains <input type="checkbox"/> Meat <input type="checkbox"/> Dairy		
Brand of pellets	<input type="checkbox"/> Roudybush <input type="checkbox"/> Harrison's <input type="checkbox"/> ZuPreem <input type="checkbox"/> LaFeber's <input type="checkbox"/> Pretty Bird <input type="checkbox"/> Hagen <input type="checkbox"/> Kaytee exact <input type="checkbox"/> Kaytee exact Rainbow <input type="checkbox"/> Mazuri <input type="checkbox"/> Unknown/Other:		
Brand of seed/nut mix	<input type="checkbox"/> Kaytee Forti-Diet <input type="checkbox"/> Kaytee Fiesta <input type="checkbox"/> SunScripton <input type="checkbox"/> Hartz <input type="checkbox"/> Bulk Mix <input type="checkbox"/> Unknown/Other:		
Vegetables offered (please list)	Frequency that vegetables are offered	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely <input type="checkbox"/> Never, or not accepted	
Fruits offered (please list)	Frequency that fruits are offered	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely <input type="checkbox"/> Never, or not accepted	
Grains/cereals offered (please list)	Frequency that grains are offered	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely <input type="checkbox"/> Never, or not accepted	
Supplements provided:	<input type="checkbox"/> Cuttlebone <input type="checkbox"/> Mineral block <input type="checkbox"/> Vitamins in water <input type="checkbox"/> Vitamins added to food <input type="checkbox"/> Other:		

ENVIRONMENTAL AND PREVIOUS MEDICAL HISTORY

Other birds in home? Describe: Yes No

If so, are the healthy? If not, describe: Yes No

Previous wellness examinations? Yes No Date of last polyomavirus vaccine: Never/Unknown

Exposure to other birds None New birds in home Boards out of home Visits bird fairs or shows Spends time outdoors

Previous adverse drug reactions: None/Unknown

Previous medical or surgical problems

Check if your bird has, or has had, any symptoms in the following areas to a significant degree and briefly explain.

<input type="checkbox"/> Skin	<input type="checkbox"/> Airways/Lungs	Recent changes in:
<input type="checkbox"/> Feathers	<input type="checkbox"/> Droppings (feces)	<input type="checkbox"/> Weight
<input type="checkbox"/> Beak	<input type="checkbox"/> Droppings (urine)	<input type="checkbox"/> Energy level
<input type="checkbox"/> Head or neck	<input type="checkbox"/> Toenails	<input type="checkbox"/> Appetite
<input type="checkbox"/> Crop	<input type="checkbox"/> Wings or Legs	<input type="checkbox"/> Thirst
<input type="checkbox"/> Sinuses	<input type="checkbox"/> Behavior	<input type="checkbox"/> Voice

If bird is female, previous egg laying (date of last egg laid, number of eggs per clutch, etc)

CURRENT PROBLEM (IF APPOINTMENT IS FOR MEDICAL CONCERN)

Date that problem was first noticed:

Please describe the problem:

How has the problem changed? Better Worse Episodic No better or worse Unknown

Current medication (if any) and response: None

PLEASE DESCRIBE ANY ADDITIONAL QUESTIONS OR CONCERNS YOU MAY HAVE

PLEASE NOTE: All birds are required to be transported in a pet carrier, bird cage, or other suitable enclosure. Unconfined birds are at risk of escape and injury. The waiting area is often occupied by large dogs that can be bird-aggressive. If your bird is not confined, you will immediately be directed into an exam room for the protection of your bird. We may decide to terminate non-emergency services for repeated inobservance of our policy. Thanks for your understanding. Please see a staff member with any questions or concerns.