



Avian Wellness Questionnaire

Pet's Name: _____

Last Name: _____

Age: _____ Allowed out of the cage to move around the house: Unsupervised Supervised

Type of Avian: _____ Allowed to go outside: Never Rarely Frequently

Are there any other birds in the home? What kind of birds are they and how long have they been in the house?

No Yes _____

If you are new to our practice, does your bird have any medical issues we should know about?

No Yes _____

If your bird is a female, has she ever laid eggs? If so, how often? No Yes _____

What is the main reason for your visit today? _____

Diet

Please describe your bird's diet in detail. Indicate what is fed, how often, and what is eaten.

Do you use a vitamin or mineral supplement? No Yes _____

How is water provided (bottle, dripper, bowl, etc)? _____

Habitat & Grooming

Please describe the bird's cage.

Where is the cage located? _____

Is the cage near: A window Air conditioning Heating vent

Do you routinely groom your bird? No I do it Pet Store does it Veterinarian does it

Observations

Have you noticed any of the following?

Changes in sleep patterns or activity levels:

Weight changes:

Changes in appetite:

Lameness (limping) or tenderness:

Drinking more/less than normal: More Less

Bad breath or other odors:

Stool/droppings more or less: More Less

Eye discharges or changes:

Digestive upsets: Regurgitation Diarrhea Flatulence

Feather changes:

Scratching, rubbing, feather-pulling:

Sneezing, coughing, or drooling:

Head shaking:

Changes in exercise tolerance, agility, ability to move around:

Behavior changes or issues: