

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 Name: <input type="checkbox"/> Bird Fair/Show <input type="checkbox"/> Friend/Family <input type="checkbox"/> Adopted <input type="checkbox"/> Breeder Name: <input type="checkbox"/> Found outside <input type="checkbox"/> Hatched at home <input type="checkbox"/> Other:	
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	
If referred, please list referring vet and hospital		
ENCLOSURE		
Style of cage (check all)	<input type="checkbox"/> Purchased <input type="checkbox"/> Came with bird <input type="checkbox"/> Homemade (galvanized wire, other) <input type="checkbox"/> Powder-coated <input type="checkbox"/> Wrought iron <input type="checkbox"/> Stainless steel <input type="checkbox"/> Vinyl-coated wire	Other:
Brand of cage	<input type="checkbox"/> California <input type="checkbox"/> King's <input type="checkbox"/> Hole <input type="checkbox"/> PreVue <input type="checkbox"/> Animal Environments	Other:
Cage dimensions	Height: _____ Width: _____ Depth: _____	<input type="checkbox"/> Unknown
Cage location in home	<input type="checkbox"/> Family Room <input type="checkbox"/> Living room <input type="checkbox"/> Bedroom/Spare Room <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 <input type="checkbox"/> Cement/Sand <input type="checkbox"/> Cholla <input type="checkbox"/> Heating Perch <input type="checkbox"/> Sandpaper covers	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 <input type="checkbox"/> Foraging	Other:
Food containers	<input type="checkbox"/> Stainless steel <input type="checkbox"/> Plastic <input type="checkbox"/> Galvanized metal <input type="checkbox"/> Ceramic/Pottery	Other:
Water containers	<input type="checkbox"/> Water bottle <input type="checkbox"/> Water bowl <input type="checkbox"/> Multiple	Other:
Other perches or cages?	<input type="checkbox"/> Play area on top of cage <input type="checkbox"/> Mobile play stand <input type="checkbox"/> Mobile perch <input type="checkbox"/> Sleep cage	Other:
Type of litter	<input type="checkbox"/> Newspaper <input type="checkbox"/> Corn cob <input type="checkbox"/> Shavings <input type="checkbox"/> Unprinted paper	Other:
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	<input type="checkbox"/> Always on person <input type="checkbox"/> Always watched <input type="checkbox"/> Unsupervised on occasion <input type="checkbox"/> Troublemaker <input type="checkbox"/> Never out of cage	
Is the bird bathed?	<input type="checkbox"/> Misted <input type="checkbox"/> Showered <input type="checkbox"/> Placed in sink <input type="checkbox"/> Bathes in water dish <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Occasionally <input type="checkbox"/> Water only <input type="checkbox"/> Conditioning spray <input type="checkbox"/> Plucking deterrent spray <input type="checkbox"/> Rarely <input type="checkbox"/> Never (fearful)	
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/Whole Grains/Grains/Cereals <input type="checkbox"/> Meat <input type="checkbox"/> Dairy	
Brand of pellets	<input type="checkbox"/> Roudybush <input type="checkbox"/> Harrison's Lifetime Maintenance <input type="checkbox"/> Harrison's High Potency <input type="checkbox"/> ZuPreem <input type="checkbox"/> Lafeber <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"/> Sunscription <input type="checkbox"/> Hartz <input type="checkbox"/> Bulk Mix <input type="checkbox"/> Volkmann <input type="checkbox"/> Unknown/Other	
Location Food Purchased	<input type="checkbox"/> Pet store <input type="checkbox"/> Bird-only pet store <input type="checkbox"/> Department store <input type="checkbox"/> Grocery store <input type="checkbox"/> Feed store <input type="checkbox"/> Internet	

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"/> Spirulina <input type="checkbox"/> Bee Pollen <input type="checkbox"/> Harrison's Power Treats <input type="checkbox"/> Nutri-Berries <input type="checkbox"/> Avi-Cakes <input type="checkbox"/> Milk Thistle Seed Extract <input type="checkbox"/> Other:		

ENVIRONMENTAL AND PREVIOUS MEDICAL HISTORY

Other birds in home? Describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, are they healthy? If not, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other PETS in home? Describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Previous wellness exams?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of last polyomavirus vaccine:	<input type="checkbox"/> Never/Unknown
Exposure to other birds	<input type="checkbox"/> None <input type="checkbox"/> New birds in home <input type="checkbox"/> Boards out of home <input type="checkbox"/> Visits bird fairs or shows <input type="checkbox"/> Spends time outdoors
Previous adverse drug reactions	<input type="checkbox"/> None/Unknown
Previous medical or surgical problems	

BEHAVIOR AND PERSONALITY

How would you describe your bird? (Check all that apply)	<input type="checkbox"/> Calm <input type="checkbox"/> Well-Socialized <input type="checkbox"/> Outgoing <input type="checkbox"/> Aggressive <input type="checkbox"/> High-Strung <input type="checkbox"/> Anxious <input type="checkbox"/> Phobic <input type="checkbox"/> Neurotic <input type="checkbox"/> Depressed <input type="checkbox"/> Lethargic	
Have there been, or are there now, any of the following behavior problems?	<input type="checkbox"/> Aggressive biting <input type="checkbox"/> Fear biting <input type="checkbox"/> Excessive screaming <input type="checkbox"/> Panic attacks <input type="checkbox"/> Feather destruction <input type="checkbox"/> Masturbation <input type="checkbox"/> Regurgitation <input type="checkbox"/> Phobias <input type="checkbox"/> Destructive <input type="checkbox"/> Depression <input type="checkbox"/> Repetitive behaviors	
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"/> Beak	<input type="checkbox"/> Droppings (urine)	
<input type="checkbox"/> Head or neck	<input type="checkbox"/> Toenails	
<input type="checkbox"/> Crop	<input type="checkbox"/> Wings or Legs	
<input type="checkbox"/> Sinuses	<input type="checkbox"/> Behavior	
<input type="checkbox"/> Weight		
<input type="checkbox"/> Energy level		
<input type="checkbox"/> Appetite		
<input type="checkbox"/> Thirst		
<input type="checkbox"/> Voice		

If bird is female, previous egg laying?

CURRENT PROBLEM (IF APPOINTMENT IS FOR MEDICAL CONCERN)

Date that problem was first noticed:	
Please describe the problem:	
How has the problem changed?	<input type="checkbox"/> Better <input type="checkbox"/> Worse <input type="checkbox"/> Episodic <input type="checkbox"/> No better or worse <input type="checkbox"/> Unknown
Current medication (if any) and response:	<input type="checkbox"/> None