

Avian Questionnaire

Patient's Name: _____

Date: _____

1) What bird food do you feed your pet? (please check)

- Pellets
- Seed
- Seed mixture
- Other: _____

2) What is the brand of your bird's food? (please check)

- Harrison's
- Roudybush
- Lafeber's
- Kaytee
- Ecotriton
- Zupreem
- Other: _____

3) Do you feed fresh fruits or vegetables? (please circle) **YES** **NO**

If so, what kind: _____

4) Do you feed "people" food? (please circle) **YES** **NO**

If so, what kind? _____

5) Please describe your bird's cage (please include size of cage): _____

6) What types of perches do you have in your bird's cage: (please check)

- Wooden dowel
- Natural branch
- Rope
- Plastic
- Concrete/pumice
- Other: _____

7) Where in your house is your bird's cage located? (please check)

- Living room/family area
- Kitchen
- Dining room
- Bedroom
- Other: _____

8) What time does your pet :

Wake up: _____

Go to bed: _____

9) Do you cover your bird at night? (please circle) **YES** **NO**

10) Does your pet bathe? (please circle) **YES** **NO**

If so, how often? _____

11) If so, how does your pet bathe?

- Water dish
- Spraying/misting
- Other: _____

12) Does your bird get time out of the cage? (please circle) **YES** **NO**

If so, how often? _____

13) Is your pet taking any medications or supplements? (please circle) **YES** **NO**

If so, please describe: _____

14) Why is your pet here today? (please include as much detail as possible)

Please explain: _____

