



**NORTH PORTLAND
VETERINARY HOSPITAL**

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AVIAN QUESTIONNAIRE



Please fill out as much of the information below as possible. A full background history is essential in helping us work towards the diagnosis of any problem.

Your Name _____

Reason For Consult

ANIMAL

Species _____

Pet Name _____

Age _____

Sex _____

Place of Acquisition _____

Age at Acquisition _____

Captive born/Wild caught _____

ENCLOSURE

What material is the cage made from? _____

What litter material do you use for the bottom of the cage? _____

Where is the cage in the house? _____

What kind of perches does your bird use? _____

Are the perches a variety of thicknesses? _____

How many perches does your bird have? _____

Are the perches covered in sandpaper? _____

Do you cover your bird cage? _____

How many hours of sleep does your bird get at night? _____

Bedtime _____ Wake up time _____

Any other birds? If so do they interact? _____

Any Other Pets? Please list _____

Is your bird ever allowed outdoors? Type of enclosure/access to shade

What disinfectant do you use to clean the cage? How often?

Do you spray your bird or give it access to a bath/shower? If so how often?

DIET

Do you feed your bird a seed based diet? _____

Do you feed your bird any pelleted diets? What brand? _____

Do you feed any fresh fruit and vegetables? What type? _____

Do you feed any milk/meat/fish products, if so what? _____

Frequency of feeding and replacement of old food _____

Supplements/Treats/Table Food/Frequency _____

What are your bird's favorite foods? _____

Water Source _____

How often is the water changed? _____

Behavior

Will your bird willingly step up for you under most circumstances? _____

Will your bird willingly step up for other members of the family? _____

Will your bird willingly step up for confident strangers? _____

Does your bird stay on the perch or play stand when put there? _____

Are you and other family members able to keep the bird on your hand and off your head and shoulders? _____

Is your bird content to forage or play with toys alone when you are in the house? _____

Is your bird a one person bird? _____

Is your bird kept near a window? _____

Does your bird scream excessively when you leave the room? _____

Has your bird ever been toweled? For Fun: Y N For cuddling: Y N

At Vets: Y N Can you towel your bird? _____

How long does your bird spend in it's cage each day? _____

Does your bird have play areas? Y N What types? _____

How much time spent out of cage? How much time daily does your bird spend When, where and how long when out? _____

Does your bird like to play with toys? _____

How many toys are in your birds cage? _____

Do you rotate them? How often? _____

Does your bird spend time outside? _____

How often? Where? How? _____

Does your bird ever regurgitate or masturbate? To who?

How many hours daily is your bird left alone? _____

Are there any other aspects of you birds behavior you are not happy with? _____

HEALTH

Any previous illnesses? _____

How long has your bird been ill? _____

Any other birds/pets affected/ill? _____

Any new birds introduced within the last six months? _____

Do you board your bird? _____

If so where? Do they require health testing and if so what? _____

Any change of food or water (type or source) ? _____

Any change of appetite? _____

Any change in water consumption? _____

When was the last time your bird laid eggs? _____

Any vomiting/regurgitation? _____

Any changes in droppings? If yes is it the colored (feces) or white part (urate)?

Is your bird passing undigested seeds in its droppings? _____

Have you noticed any new lumps or bumps on your bird? _____

Any difficulty breathing or discharge from the eyes or nostrils? _____

Any tail bobbing or sneezing? _____

Any smokers in the household? _____

Have you treated your bird with any medications? If so, what and from
where? _____

Has your pet had access to any potential toxins e.g. toys or paint that may contain zinc/lead,
toxic plants, foreign objects, branches sprayed with insecticide/herbicide etc?

