

North Portland Veterinary Hospital

3000 N Lombard

Portland, OR 97217

503.285.0462

vetcare@northportlandvet.com

www.northportlandvet.com

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 you 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?
