

## Avian Questionnaire

| Name of pet:   | Species:                 | Age:                   |
|--|--------------------------|------------------------|
| Age obtained:Where obt   | tained (pet store, breed | ler, etc):             |
| List of other pets in the household                                      | :                        |                        |
| Identification: Microchip Ban  | d TattooNum              | ber                    |
| Any other birds in the cage: (Yes o                                      | r No) How many?          |                        |
| What is the size of the bird cage?_                                      | 0                        | n a stand? (Yes or No) |
| What material is the cage made ou  | t of? (steel, powder-co  | ated, etc)             |
| Do you provide a hiding place for y                                      | your bird? (Yes or No)   |                        |
| What toys do you provide for your  | bird?                    |                        |
| What types of perches does your b  |                          |                        |
| What do you feed your bird? (pelle<br>treats,vitamins)                   |                          |                        |
| How often is food replaced?  |                          |                        |
| How much and how often?  |                          |                        |
| How often do you clean the water   | bowl?                    |                        |
| Do you bathe your bird? (Yes or N  | 0)                       |                        |
| What do you use to line the botton<br>Can the bird reach it? (Yes or No) | n of the cage?           |                        |
| Where is the hirderge leasted in th                                      | a hama?                  |                        |

| How much time does the bird get outside of its cage?                                |
|---|
| Do you take your bird outside? (Yes or No)  |
| Do you travel with your bird? (Yes or No)   |
| How many hours of darkness?Covered? (Yes or No)                                     |
| Any Activity around cage when sleeping? (Yes or No)                                 |
| Exposure to UVB: Direct sunlight UVB bulb How many hours?                           |
| Do you have non-stick cookware in the house? (Yes or No)                            |
| Do you burn scented candles or burn incense in the home? (Yes or No)                |
| Does anyone smoke in the home? (Yes or No)  |
| Do you have ceiling fans in your home? (Yes or No)                                  |
| What is the age of your home?   |
| Do you know about the disease Psittacosis (Chlamydiosis, Parrot Fever)? (Yes or No) |
| If female, does your bird lay eggs? (Yes or No) If so how often?                    |
| Wing trimming? (Yes or No)  |
| Any behavioral issues? (Yes or No) Describe:  |
| Has your bird been to a veterinarian before? (Yes or No)                            |
| Has your bird ever been tested for any diseases? (Yes or No) Which diseases?        |
| Any previous illnesses or injuries?   |
| Why are you here today?   |
|   |