

ALL Creatures Family Pet Hospital

Exotic Pet Questionnaire: AVIAN

Client Name: _____ Date: _____

Patient Name: _____ Breed: _____

Gender: 1. Determined using DNA as Male Female (Circle one) or

2. Female: has laid egg(s) or

3. UNKNOWN gender: (ie. Has not been DNA tested and no eggs laid.)

1. What is the reason for bringing your pet(s) to ALL Creatures Family Pet Hospital for examination? (Example: annual wellness, eye problem, losing weight...etc.)

How long has this been a problem? When did the problem start? _____

Has your bird been examined previously by a veterinarian at a different veterinary hospital? YES/NO (circle one)

***If YES, please provide copies of medical records, if available. ***

2. How did you acquire your pet (i.e. from where or whom?)

3. What is your bird's hatching date? _____

4. How long have you been providing care for your pet? _____

5. **What do you feed, how much and how often** do you feed your pet?

(Examples: seeds, fresh vegetables...etc. If you feed a pelleted diet, please



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Exotic Pet Questionnaire: AVIAN

provide Brand and amounts Example: Hagen's All Natural Pellets, ¼ cup/day...etc.) _____

6. Any changes in your pet's appetite? _____

Any regurgitation of food? ("vomiting") _____

Any recent changes in your bird's diet? _____

7. Do you add vitamin or mineral supplements to your pet's diet? YES / NO
(Circle one) If YES, **how often, how much and which brands do you use?**

***Please, bring all supplements with you to your first appointment for evaluation.**

8. Do you house your pet **indoors or outdoors or both?** (Circle one)

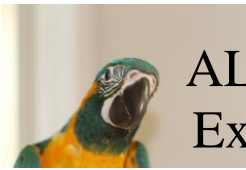
9. What type of habitat do you provide for your bird and what are the approximate dimensions? _____

Where is it located? _____

Have you changed the location recently? _____

10. Describe exercise activities and frequency:

11. Has your pet's level of activity changed and, if so, how?



ALL Creatures Family Pet Hospital Exotic Pet Questionnaire: AVIAN

12. Do you allow your pet to roam freely throughout the house or in areas outside of its habitat? YES NO (Circle one) If YES, please elaborate:

13. What type of **substrate** do you place on the bottom of the habitat? (Example: newspaper, corncob media, paper towels, none...etc.)

How often do you change it? _____

14. How frequently do you provide fresh **water** for your pet & how do you provide it? (Example; water bottle or bowl) _____

Do you use tap water, well water, bottled or filtered water? _____

15. Do you bath your bird? YES/NO (Circle one) & If YES; Type of bath: my bird hates baths, puddle baths, spray or shower bath

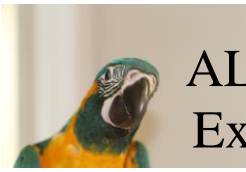
16. Any changes in your bird's water consumption? _____

17. Any changes in your bird's droppings? (Example: different color, strong odor, bloody, watery, less or more frequently...etc.) _____

18. What is the ambient temperature of your bird's habitat? _____ °F

19. How many birds do you house in the same **enclosure**? _____

20. If your bird has had or is having feather problems, please elaborate:



ALL Creatures Family Pet Hospital

Exotic Pet Questionnaire: AVIAN

How long? When did the problem start? _____

21. Is your pet **currently receiving any prescription or over the counter medications?** YES / NO (Circle one) If yes, what medication(s) are you administering, at what dose and frequency and how long has your pet been receiving the medication(s)? _____

22. What types of toys do you provide your bird? _____

How often do you buy new toys? _____

23. How many hours of sleep does your bird enjoy nightly? _____ hours.

Do you cover the habitat at night? YES/NO (Circle one)

24. What other types of pets live in the same **household** with your bird?

25. Do you attend bird shows or frequently visit pet stores that sell birds? YES/NO (Circle one) If yes, how frequently and when was the last occurrence? _____

26. Are you frequently in contact with other pet bird caregivers? YES/ NO (Circle one) If yes, how often and when was the last time? _____

