



Bird Questionnaire

Client Name: _____

Email address: _____

Pet Name: _____

Type of Pet: _____

Reason for visit (please check off all that apply):

- Pre-purchase exam
- Post-purchase exam
- General health check
- Yearly check-up
- Other (see list below)

- sleeping more/lethargy
- talking/singing less
- regurgitation/vomiting
- poor molt
- lameness
- feather picking
- bottom of cage
- change in quantity or consistency of droppings
- other _____

- not eating/eating less
- coughing or sneezing
- discharge from eyes or nose
- ruffled feathers
- tail bobbing
- difficulty perching
- overgrown beak

How long have you noticed these signs? _____

How long have you owned your bird? _____ weeks _____ months _____ years

Do you own more than one bird, and if so, how many? No Yes _____

Does your pet have a cage mate, and if so, how many? No Yes _____

How often does it molt? _____

When was the last molt? _____

Where did you obtain your pet? pet store friend breeder other

What do you feed your pet? (Please check all selections that apply and list the percentage of the diet these food comprise)

- millet ___% pellets ___% sunflower seeds ___% peanuts ___%
 fruit ___% vegetables ___% other ___%

List fruits/vegetables fed: _____

Other foods: _____

Do you offer your pet any of the following items?

- vitamin supplements mineral supplements cuttle bone grit

Is your bird covered at night? yes no

How much sleep time does it get? _____

Substrate or bedding in bottom or cage: _____