



Webster Groves Animal Hospital

Avian General Questionnaire



Please fill out this Avian Health Questionnaire. With your help, we can discover problems early while they can be handled more effectively and less expensively. Together, we can keep your pet's life happy and healthy.

Pet's Name: _____ Owner's Name: _____ Home Phone Number: _____

Species: _____ Age: _____ Sex: Male Female Unknown Microchip: YES NO

Would you like to know the sex of your bird? YES NO

Reason For Visit: Annual Health Care New Pet Exam Sick Pet General Exam/Consultation Date: _____

Current Health History

Have you noticed any of the following:

Decreased appetite	<input type="checkbox"/> YES <input type="checkbox"/> NO	Increased appetite	<input type="checkbox"/> YES <input type="checkbox"/> NO	Regurgitation	<input type="checkbox"/> YES <input type="checkbox"/> NO
Decreased drinking	<input type="checkbox"/> YES <input type="checkbox"/> NO	Increased drinking	<input type="checkbox"/> YES <input type="checkbox"/> NO	Diarrhea	<input type="checkbox"/> YES <input type="checkbox"/> NO
Decreased defecation (solids)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Increased defecation (solids)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Respiratory problems	<input type="checkbox"/> YES <input type="checkbox"/> NO
Decreased urination(liquid/white)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Increased urination(liquid/white)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Beak changes	<input type="checkbox"/> YES <input type="checkbox"/> NO
Decreased feather preening	<input type="checkbox"/> YES <input type="checkbox"/> NO	Increased feather loss	<input type="checkbox"/> YES <input type="checkbox"/> NO	Eye/Cere/Nostril changes	<input type="checkbox"/> YES <input type="checkbox"/> NO
Decreased activity	<input type="checkbox"/> YES <input type="checkbox"/> NO	Egg laying	<input type="checkbox"/> YES <input type="checkbox"/> NO	Behavioral changes	<input type="checkbox"/> YES <input type="checkbox"/> NO
Vocalization changes	<input type="checkbox"/> YES <input type="checkbox"/> NO	Movement/Flying problems	<input type="checkbox"/> YES <input type="checkbox"/> NO	Changed perch posture	<input type="checkbox"/> YES <input type="checkbox"/> NO
Decreased sleeping	<input type="checkbox"/> YES <input type="checkbox"/> NO	Increased sleeping	<input type="checkbox"/> YES <input type="checkbox"/> NO	Fluffed up appearance	<input type="checkbox"/> YES <input type="checkbox"/> NO

If "YES" to any of the above, please explain and include when changes occurred:

A. History

When did you acquire your bird? _____ Has your bird had any prior health/behavior problems? YES NO
 Describe: _____
 Where did you acquire your bird? _____
 Breeder Pet store Private owner Other
 Friend Rescue Internet seller
 What tests/x-rays/etc. previously performed: _____
 Name of Source (Breeder/Business/Group) _____ Any current medications? YES NO
 Describe: _____
 Where did your bird live prior to you, if known? _____
 Breeder Pet store Private home Other
 Are there other birds in your home? YES NO
 How many? _____ What are they? _____
 Was your bird: _____
 hand-reared parent-reared
 How long have you had them? _____
 Do they have any past or present health issues? YES NO
 Is this your first pet bird? YES NO
 Are any of them new or recent birds? YES NO

B. Diet

What is the staple diet of your bird? _____
 Seed Pellet Other
 Do you offer your bird other foods? YES NO
 Describe: _____
 What brand(s) of food do you feed your bird? _____ Does your bird eat anything other than the staple diet? YES NO
 Describe: _____
 Where do you buy your bird's food? _____
 Bird shop Pet store Grocery store Other
 Feed store Super store (Walmart, Target, etc.)
 Do you provide any mineral supplements? YES NO
 How well does your bird eat? _____
 Picks/Plays, but eats little Eats voraciously Other
 Well in small frequent amounts Eats very little
 Do you provide any vitamin supplements? YES NO
 Do you provide any probiotics? YES NO
 If "Yes" to the above, describe _____
 What is your feeding schedule for your bird? _____
 Free choice (always available) Three or more daily portions
 Twice daily portions Foraging
 Any recent diet changes? YES NO
 Describe: _____

Continued on Reverse

C. Husbandry

Is your bird a:

- Companion pet only Show/Demonstration bird
 Breeder Service animal

If a breeder please provide the following

Date of last mating? _____ Date of last laying? _____

Do you ever board your bird? YES NO

Where? _____

Does your bird go to other bird/pet stores? YES NO

Does your bird ever visit with other birds? YES NO

Does your bird ever go outside? YES NO

- If "Yes": In cage Out of cage
 Supervised Unsupervised

Do you put your bird to bed at night? YES NO

What time? _____

Will your bird go to bed on his/her own? YES NO

Do you cover the cage at night? YES NO

What time does your bird "get up" in the morning? _____

How many hours does your bird actually sleep per night?

- 5-6 hours 6-9 hours 10-12 hours

Do you leave radio/TV on for your bird during day? YES NO

Do you use supplemental Full Spectrum Lighting? YES NO

Describe: _____

Are there other pets in your home? YES NO

What are they? _____

Has your bird ever laid eggs? YES NO

Does your bird require beak trims YES NO

Do you keep nails trimmed? YES NO

Do you keep wings trimmed? YES NO

Do you use the following in your home?

- Central heating Window air conditioner
 Central cooling Space heater

In what room of your house is your bird's cage? _____

Is your bird's cage near any windows? YES NO

Is your bird's cage near any vents? YES NO

Is your bird's cage near any doors? YES NO

If "Yes" to the above, how close? _____

Are there people in the room with the bird after "bedtime"? YES NO

How many hours does your bird have at night of dark and quiet?

(no lights, TV, computer screen, radio, people talking etc.)

- 5-6 hours 6-9 hours 10-12 hours

How consistent is the quiet, dark time (photoperiod)?

Regular (every night is the same) Regular but varies by time of year

Random (some nights more, some less, no pattern)

Irregular (may vary day to day or week to week, but consistent over long time)

Do others in the home have ANY interaction with your bird? YES NO

Describe their relationship _____

Do any smokers live in the home? YES NO

D. Behavior

Does your bird do any of the following:

- Step up Play with bells Play with puzzle toys
 Step down Chew wood Talking
 Bite Chew paper Other Activities
 Squawk excessively Acrobatics

What other forms of enrichment do you provide your bird?

- TV Foraging Shreddables
 Radio Treat search Other

How long is the "average" human interaction time for your bird?

- <10 minutes 10-30 min. 30min-1 hr >1 hr

What activities or interactions does the typical human-bird interaction involve?
Describe: _____

Do you provide toys for your bird? YES NO

- Bells Ladders Wooden toys
 Mirrors Puzzle toys Swings
 Climbing ropes Foraging toys Other toys

Do you change the toys? YES NO

If "Yes" Regularly How often? _____

When they are worn out

Do you change the type of toys in the cage each time? YES NO

Have any unusual changes occurred in the home? YES NO

(moving, changing rooms, construction, new pets, new people, etc)

Describe: _____

E. Caging

Is your bird caged at all times? YES NO

Is your bird free to roam at all times? YES NO

How many cages does your bird have? (not travel cages) 1 2

Where is the additional cage located? _____

Dimensions of your bird's cage(s)-size (approx. inches or feet)? _____

What do you use to cover the floor of the cage?

- Wire Newspaper/Paper towel Cardboard
 Corncob Nothing Sandpaper

How often do you change the flooring material? _____

How old is your bird's cage?

- 0-5 years 5-10 years >10 years

What materials is your bird's cage made of? _____

How many doors does the your bird's cage have?

- 1 2 >2

How many perches does your bird have? 1-2 3-4 >4

What kind of perches? _____

What do you use to clean the cage? _____

Thank you for taking the time to complete this questionnaire. Please feel free to ask any questions about the topics on this form during your pet's exam.

