

Avian Care Questionnaire

Patient Name: _____ Patient Age: _____
Client Name: _____ Date: _____

History:

Where did you get your pet from? _____

How long have you had your pet? _____

Housing:

Where is the cage/enclosure located? _____ Dimensions of cage/enclosure: _____

How often is cage cleaned? _____

Is there any bedding or something on bottom of the cage? No Yes – what material? _____

Does your pet share a cage with any other pets? No Yes – how many others? _____

Does your pet ever spend time outside of the cage/enclosure?
 No Yes - where: _____

Do you use any UV lighting? No Yes – what brand and for how long? _____

How many perches are available in the cage? _____ Any toys/enrichment items? _____

Does your pet have water available for bathing, and/or do you mist regularly? No Yes

Are your pet's wings kept clipped? No Yes

Diet:

What packaged food does your pet eat? _____

This food contains:

- | | | | |
|----------------------------------------|---------------------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Plain pellets | <input type="checkbox"/> Colored/flavored pellets | <input type="checkbox"/> Seeds | <input type="checkbox"/> Nuts |
| <input type="checkbox"/> Dried fruit | <input type="checkbox"/> Grains | <input type="checkbox"/> Dried pasta | <input type="checkbox"/> Dried Egg |
| <input type="checkbox"/> Other _____ | | | |

What fresh foods (fruits, veggies, table scraps) does your pet eat? _____

How often are fresh foods fed? _____ How much? _____

Do you give a vitamin supplement? Yes No

(continues on back)

General/Behavior

When was your pet's last molt? _____

Has your pet ever laid an egg? Yes No If Yes, when: _____ How many
eggs: _____

Please tell us about any history of behavioral problems (i.e. feather picking, biting, etc.)
