



Avian History Questionnaire

To help us better serve you and your bird please complete this form to the best of your ability. Leave sections blank if you do not know the answer

Name of bird		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unknown	Age
Species of bird		If gender known, method of ID: <input type="checkbox"/> DNA <input type="checkbox"/> Appearance <input type="checkbox"/> Eggs/chicks	
Name of Owner		Use of Bird: <input type="checkbox"/> Companion <input type="checkbox"/> Breeder <input type="checkbox"/> Aviary <input type="checkbox"/> For Sale <input type="checkbox"/> Other	
Place Obtained	<input type="checkbox"/> Pet Store <input type="checkbox"/> Bird show <input type="checkbox"/> Friend/Family <input type="checkbox"/> Found outside <input type="checkbox"/> Hatched at home <input type="checkbox"/> Other		
Enclosure			
Style of Cage (check all that apply)	<input type="checkbox"/> Purchased <input type="checkbox"/> Came with bird <input type="checkbox"/> Homemade (galvanized wire, other) <input type="checkbox"/> Powder-coated <input type="checkbox"/> Wrought iron <input type="checkbox"/> Stainless steel <input type="checkbox"/> Vinyl coated wire <input type="checkbox"/> Other		
Cage Dimensions	Height	Width:	Depth: Unknown
Cage location in home	<input type="checkbox"/> Family Room <input type="checkbox"/> Living room <input type="checkbox"/> Bedroom <input type="checkbox"/> Dining room <input type="checkbox"/> Kitchen <input type="checkbox"/> Sunroom <input type="checkbox"/> Outbuilding <input type="checkbox"/> Outside		Other:
Perches (check all that apply)	<input type="checkbox"/> Dowel <input type="checkbox"/> Natural wood <input type="checkbox"/> Plastic <input type="checkbox"/> Cement/Sand <input type="checkbox"/> Sandpaper covers		Other:
Toys (check all that apply)	<input type="checkbox"/> Acrylic <input type="checkbox"/> Wood <input type="checkbox"/> Chain <input type="checkbox"/> Plastic <input type="checkbox"/> Rope <input type="checkbox"/> Foraging		Other:
Food containers	<input type="checkbox"/> Stainless Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Galvanized metal <input type="checkbox"/> Ceramic/Pottery		Other
Water containers	<input type="checkbox"/> Water bottle <input type="checkbox"/> Water bowl <input type="checkbox"/> Multiple		Other
Other perches or cages?	<input type="checkbox"/> Play gym on top of cage <input type="checkbox"/> Mobile play stand		Other
Type of flooring	<input type="checkbox"/> Newspaper <input type="checkbox"/> Shavings <input type="checkbox"/> Straw <input type="checkbox"/> Grit sheet		Other
Is cage covered at night?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a grate preventing access to the droppings on the bottom of the cage?			<input type="checkbox"/> Yes <input type="checkbox"/> No
How much time spent out of cage?	Number of Hours	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely <input type="checkbox"/> Never	
Diet and Supplements			
Is the bird bathed?	<input type="checkbox"/> Misted <input type="checkbox"/> Showered <input type="checkbox"/> Placed in sink <input type="checkbox"/> Bathes in water dish <input type="checkbox"/> Water only <input type="checkbox"/> Conditioning spray <input type="checkbox"/> Plucking deterrent spray		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely <input type="checkbox"/> Never
Foods offered (check all)	<input type="checkbox"/> Pellets <input type="checkbox"/> Seeds/Nuts <input type="checkbox"/> Fruits <input type="checkbox"/> Vegetables <input type="checkbox"/> Breads/whole grains/Sprouted grains <input type="checkbox"/> Meat <input type="checkbox"/> Dairy		
Brand of Pellets	<input type="checkbox"/> Roudybush <input type="checkbox"/> Harrison's Lifetime Maintenance <input type="checkbox"/> Harrison's High Potency <input type="checkbox"/> ZuPreem <input type="checkbox"/> Kaytee <input type="checkbox"/> Other		



Vegetables offered (list)		Frequency offered	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely <input type="checkbox"/> Never, or not accepted
Fruits offered (list)		Frequency offered	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely <input type="checkbox"/> Never, or not accepted
Supplements provided	<input type="checkbox"/> Cuttlebone <input type="checkbox"/> Mineral block <input type="checkbox"/> Vitamins in water <input type="checkbox"/> Vitamins added to food <input type="checkbox"/> Other		

Environmental and previous medical history	
Are there other birds at home? Describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, are they healthy? If not describe:	
Other pets in the home? Describe:	
Exposure to other birds	<input type="checkbox"/> None <input type="checkbox"/> New birds in home <input type="checkbox"/> Boards out of home <input type="checkbox"/> Visits bird shows <input type="checkbox"/> Spends time outdoors
Previous medical or surgical problems?	
Using diffusers or plug ins?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Behaviour	
Has there been or are there now, any of the following behaviour problems	<input type="checkbox"/> Aggressive biting <input type="checkbox"/> Excessive screaming <input type="checkbox"/> Panic attacks <input type="checkbox"/> Feather destruction <input type="checkbox"/> Masturbation <input type="checkbox"/> Regurgitation, <input type="checkbox"/> Repetitive behaviours?
Check if you bird has, or has had any symptoms in the following areas.	
<input type="checkbox"/> Skin	<input type="checkbox"/> Airways/lungs
<input type="checkbox"/> Feathers	<input type="checkbox"/> Droppings faeces
<input type="checkbox"/> Beak	<input type="checkbox"/> Droppings urine
<input type="checkbox"/> Head or neck	<input type="checkbox"/> Toenails
<input type="checkbox"/> Crop	<input type="checkbox"/> Wings or legs
<input type="checkbox"/> Sinuses	<input type="checkbox"/> Behaviour
Recent Changes in:	<input type="checkbox"/> Weight
	<input type="checkbox"/> Energy level
	<input type="checkbox"/> Appetite
	<input type="checkbox"/> Thirst
	<input type="checkbox"/> Voice change
If female, have eggs been laid previously?	