

**GENERAL QUESTIONS:**

1. Where did you purchase/adopt your pet? \_\_\_\_\_
2. How long have you owned your pet? \_\_\_\_\_
3. What other pets do you have? \_\_\_\_\_
4. If female, has she laid eggs? **YES NO** Last egg was laid when? DATE: \_\_\_\_\_
5. Is this your first bird? **Yes - No**
6. Hatch date: \_\_\_\_\_ (Circle): **actual/estimate**
7. Form of identification? (Circle): **Tattoo / Microchip / Band / Other** \_\_\_\_\_ / **None**  
Sex: **M-F-Unsure** How determined? (Circle): **DNA / Surgical / Laid Eggs / Dimorphic**
8. Please list other pets you have at home and if they have any current illness:  
\_\_\_\_\_  
\_\_\_\_\_

**ENVIROMENT:**

1. Approximate bird cage dimensions: H \_\_\_\_\_ x W \_\_\_\_\_ x L \_\_\_\_\_
2. Where is the cage located in the house? \_\_\_\_\_
3. What do you use on the bottom of the cage? \_\_\_\_\_
4. Describe the perches in the cage (different sizes, material type, location, etc.):  
\_\_\_\_\_  
\_\_\_\_\_
5. Describe other cage accessories (toys, mirrors, etc.): \_\_\_\_\_  
\_\_\_\_\_
6. How often is the cage cleaned using what method / products? \_\_\_\_\_  
\_\_\_\_\_
7. How often are the food / water dishes cleaned, using what method / products? \_\_\_\_\_  
\_\_\_\_\_
8. Are there any other birds sharing this cage or in direct contact? **Yes - No**
9. Are there any smokers in the house? **Yes - No**
10. Does your bird spend time out of the cage? **Yes - No** How much? \_\_\_\_\_
11. Is your bird ever unsupervised outside of the cage? **Yes - No**
  - a. Under what circumstances? \_\_\_\_\_
12. Describe any bathing / shower activity including how often: \_\_\_\_\_  
\_\_\_\_\_
13. What is the nighttime procedure for your bird?
  - a. Cage Covered / Placed in Nighttime Cage / No change from the day
  - b. How many hours of undisturbed darkness does your bird have in each 24 hour period?  
\_\_\_\_\_

**NUTRITION:**

1. How often is food offered to your bird? \_\_\_\_\_
2. If pellets are given, what brand? \_\_\_\_\_
3. If seed mix is given, what brand / type? \_\_\_\_\_
4. If fruits are given, what types, and are they frozen, fresh dehydrated? \_\_\_\_\_  
\_\_\_\_\_
5. Supplements? \_\_\_\_\_
6. Any recent diet changes? Y-N
7. How is water offered? Bowl / Sipper Bottle / Other: \_\_\_\_\_
8. What is the source of your birds water? Tap / Bottled / Well / Rain
9. Is your bird eating normally? \_\_\_\_\_

**MEDICAL HISTORY:**

1. Please list any current medical problems: \_\_\_\_\_  
\_\_\_\_\_
2. Current treatments: \_\_\_\_\_  
\_\_\_\_\_
3. Please list any previous medical problems: \_\_\_\_\_  
\_\_\_\_\_
4. Have you noticed changes in (Circle): **stool, appetite, thirst, mobility, vocalization?**  
Describe \_\_\_\_\_
5. Have you noticed (Circle): **vomiting, tail bobbing, breathing difficulty, fluffed feathers, drooping wings, feather picking, perching problems?**  
Describe when & duration: \_\_\_\_\_  
\_\_\_\_\_
6. Former Veterinary Visits: **Y - N** Date of last visit \_\_\_\_\_  
Doctor \_\_\_\_\_ Clinic \_\_\_\_\_  
Phone \_\_\_\_\_ Records requested? **Y - N** Received? **Y - N**

Previous Lab Tests / Diagnostics: **Yes - No** Date of Last Testing \_\_\_\_\_  
Test Name: \_\_\_\_\_ Abnormal Results \_\_\_\_\_  
Results Requested? **Yes - No** Sent to Clinic? **Yes - No**

Do you have any specific questions or concerns you would like for us to address? **YES NO**  
If so, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_