

Avian History Questionnaire

Date \_\_\_\_\_ Your Name \_\_\_\_\_

- What is your bird's name? \_\_\_\_\_
- How old is your bird? \_\_\_\_\_
- How long have you had your bird? \_\_\_\_\_
- My bird is: (Circle One)      Male      Female      Unknown
- Has your bird ever laid an egg? (Circle One)      Yes      No
- I feed my bird: (Circle All that Apply)      Pelleted Diet      Table Food      Peanuts      Seed Mix
- What is the main reason for your Birds visit today:

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- My bird has these symptoms: (Please Circle All that Apply)

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|----------------------------|--------------------------------------|
| Listless                   | Sleeping more than normal            |
| Drinking a lot             | Voice has changed or stopped talking |
| Drinking nothing           | Having trouble breathing             |
| Eating more than normal    | Trouble perching                     |
| Eating less than normal    | Picking feathers                     |
| Not eating anything        | Chewing skin and making it bleed     |
| Loose droppings / diarrhea |                                      |
| Vomiting                   |                                      |
| Fainting or seizure        | Other: _____                         |

- **Do you have other birds, Yes No**

If so, how many? \_\_\_\_\_

What kind? \_\_\_\_\_

- **Circle all the statements below that apply:**

*My bird is:*

Always in his cage

Out of the cage but in a confined area or on a perch

Loose to run around the house

Sometimes outside

- **At night, my bird is:**

In his cage but (circle one) covered / uncovered

In a different cage from his day cage (circle one) covered / uncovered

- **Has your bird been boarded recently or been to a pet store or place where there are other birds. YES NO**

- **Has your bird ever been sick in the past: (Circle All that Apply)**

Never sick

Sick and treated by a Veterinarian

Sick but got well with medication from pet store or without treatment.

Various tests may be needed to diagnose your bird's problems. We often need to start with X-rays and/or an ultrasound exam. In some cases, bloodwork is necessary to help determine the health of your bird. Do we have your permission to do these tests if needed?

**X rays \$77.25** Yes / No

**Ultrasound \$39.50** Yes / No

**Bloodwork (typically \$125)** Yes / No (We will call if cost exceeds)

Client # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Best Contact Phone Number \_\_\_\_\_