

# EXOTIC ANIMAL QUESTIONNAIRE

## BIRDS



We appreciate your time in filling out this form. **If you have an emergency**, please alert the client service representative or doctor and we will assist your pet immediately.

### CLIENT/PATIENT INFORMATION

Client Name: \_\_\_\_\_ Bird's Name: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_  
Species: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Pet Bird / Breeding Animal (circle one)  
Reason for today's visit (include duration of problem if applicable): \_\_\_\_\_

Past medical problems: \_\_\_\_\_

### BACKGROUND INFORMATION

Length of time owned: \_\_\_\_\_ Where acquired? \_\_\_\_\_  
Vaccination history: \_\_\_\_\_  
When was last molt? \_\_\_\_\_ Character of feces: \_\_\_\_\_  
How often is your bird handled daily? \_\_\_\_\_ Is bird taken outside? Y / N

### HUSBANDRY (LIVING CONDITIONS)

Housing: Indoors / Outdoors Where is cage located? \_\_\_\_\_  
Type of caging? \_\_\_\_\_ Size of caging? \_\_\_\_\_ Galvanized? Y / N  
How often is cage cleaned? \_\_\_\_\_ Type of cleaning agent? \_\_\_\_\_  
Types of toys, perches, or enrichment offered: \_\_\_\_\_

### NUTRITION INFORMATION

Type of food offered:  
• Pellets? Y / N If yes, what brand? \_\_\_\_\_ Amount & Frequency: \_\_\_\_\_  
• Seed? Y / N If yes, what type? \_\_\_\_\_ Amount & Frequency: \_\_\_\_\_  
• Fruit? Y / N Types: \_\_\_\_\_ Amount & Frequency: \_\_\_\_\_  
• Vegetables? Y / N Types: \_\_\_\_\_ Amount & Frequency: \_\_\_\_\_  
Water source: \_\_\_\_\_ How often is water changed? \_\_\_\_\_

Other pets? If yes, list: \_\_\_\_\_

If other birds: Housed Together / Housed Separately

Are there any new bird additions to your bird population? Y / N Quarantined: Y / N / Unknown