

Avian Husbandry Questionnaire for:

Name: _____

Patient information:

- Species: _____ Gender: _____
- How long have you owned? _____ Current Age: _____
- Source (pet store, breeder, previous owner?) _____

Environment: NOTE - Please bring and/or attach picture(s) of the enclosure

- Which room is the bird kept in? _____
- Does your bird spend time outside of the cage? _____ If yes, how much?

- Was your house/apartment built before 1978? _____
- Does your bird like to chew on things outside of the cage? _____
- Does anyone in the house smoke? _____
- Do you cook with non-stick cookware? _____
- Please list any cleaning products, candles, insecticides, or air fresheners used in the same room as your bird: _____
- Please list the types of toys in the enclosure (metal/ropes/foraging/etc?)
 - _____
 - _____
 - _____
- Do you supplement any heat or humidity? _____
 - If yes, please list type and frequency: _____
 - _____

Diet:

- Please list all foods and the approximate amounts that your pet gets:
 - _____
 - _____
 - _____
 - _____
- Any supplements/vitamins? _____ If yes, what kind? _____
- Do you provide any grit in the diet/cage? _____

Other pets:

- Have you obtained any new birds in the last 6 months? _____
- What other pets are in the house? _____

Health:

- Has your bird ever laid eggs? _____ If yes, how long ago? _____
- Any previous health issues? _____
- If your pet is sick, please briefly describe the signs and duration of signs: _____

