



PATIENT LABEL

Where was pet obtained?: _____

How long have you owned your bird? _____

HOUSING/ENVIRONMENT

Size and type of cage: _____

Cage material: _____

How often is the cage cleaned: _____

What do you use to clean/as cleansers: _____

What is used to line the cage: _____

How often is liner changed: _____

Is there a grate at the bottom of the cage: **Y / N**

Perches: If so, type(s): _____

Toys/enrichment: Please list: _____

Location of the pet's housing in your home: _____

Percent of time your pet spends:

 Confined in cage _____ Out without supervision _____ Out under direct supervision _____

Is cage covered at night? **Y / N** Duration of dark _____ and light _____

How often do you bathe your bird: _____

 How (mist/shower/etc): _____

 When was the last time your bird was bathed: _____

Are there other birds in household? What kinds? _____

 What/ When was the most recent addition? _____

 Do they have direct contact or share the same cage: **Y / N** In the same room: **Y / N**

Are there other pets in the household and what kinds? _____

 Is there direct contact: **Y / N**

Any changes to your pet's environment in the past 6 months: **Y / N**

 Moving homes , Change of cage , Loss of people/pets , Travel

Has your pet been out of the home in the last year (board, visit, pet store) **Y / N**

 Where: _____

 Has your pet been in contact with other birds outside of the home: **Y / N**



NAUTILUS
 AVIAN & EXOTICS
 VETERINARY SPECIALISTS



AVIAN PATIENT QUESTIONNAIRE

Have there been changes in the amount of time spent with your bird: **Y / N**

Please explain: _____

DIET

What percent of you bird's diet is: pellet _____, seeds/nuts _____, fruits _____, vegetables _____, other _____ (please list other) _____

Pet's diet: _____

Supplements/vitamins or water additives: **Y / N**

Please list: _____

MEDICAL HISTORY

Has this pet been examined by another veterinarian: **Y / N** Name: _____

Has your pet had any injuries, illnesses, or surgeries: Describe: _____

Is your pet on any medications: Please list (type, amount, frequency): _____

Is there a history of reproductive behavior or egg laying? If so, when: _____

Is your pet exposed to environmental irritants or toxins (such as cleaning agents, cigarette smoke, plants, etc.)? If so, what are they: _____

Please describe any concerning problems:

When did you first notice the problem: _____

Has it gotten worse: If yes, how? _____

Have you (or your veterinarian) administered any medications or treatments? **Y / N**

Please list. Oral _____ Via Food/Water _____

Injection _____ Topical _____

Have the treatments helped? **Y / N** If so, how? _____