

**Village Veterinary Hospital**  
236 36th Street, Bellingham, WA 98225  
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## New Client Avian Questionnaire

Patient name: \_\_\_\_\_

Date: \_\_\_\_\_

Please fill out as much as possible, to help us evaluate your bird.

**General Information:**

1. How long have you owned this bird? \_\_\_\_\_
2. Age (if known) \_\_\_\_\_ Sex (if known) \_\_\_\_\_ If sexed was it by blood or feather?  
(circle one) Microchip #? \_\_\_\_\_
3. Where did you get your bird? \_\_\_\_\_
4. Imported or captive-bred? \_\_\_\_\_
5. Has your bird been exposed to any other birds in the last year? \_\_\_\_\_
6. Normal weight? \_\_\_\_\_
7. How often is your bird misted/bathed? \_\_\_\_\_
8. Vaccination history (type and date) \_\_\_\_\_
9. Date of your bird's last molt? \_\_\_\_\_
10. Has your bird ever laid an egg? How many, how often, when? \_\_\_\_\_
- \_\_\_\_\_
11. Have you owned birds before? What type? \_\_\_\_\_

**Diet:**

1. What does your bird eat? (be specific, include human foods and supplements)  
\_\_\_\_\_
2. Does your bird eat sunflower seeds or peanuts? If so, where are they purchased?  
\_\_\_\_\_
3. Water source – bottled, tap, purified (circle one)

**Environment:**

1. What type of cage do you have (type of metal/paint)? Substrate used? \_\_\_\_\_
- \_\_\_\_\_
2. Perch type? \_\_\_\_\_
3. Type of toys? How often are they changed? \_\_\_\_\_
4. Is your bird housed alone or with another bird(s)? \_\_\_\_\_
5. Is your bird housed indoor or outdoor? Near a drafty location? \_\_\_\_\_
6. Does your bird go outside? \_\_\_\_\_
7. Do you cover the cage at night? \_\_\_\_\_
8. Does anyone in your house smoke? \_\_\_\_\_
9. Is your bird exposed to kitchen fumes? \_\_\_\_\_

**Medical history:**

1. Have you seen any of the following? (circle all that apply)  
Coughing/sneezing   Weight loss   Regurgitation  
Diarrhea   Activity level change   Voice change  
Urate color change   Fecal consistency change
2. Does your bird feather pick? How long? When was it first noticed? \_\_\_\_\_
3. Has any medications been used to treat your bird in the last two weeks? (prescribed or OTC) \_\_\_\_\_
4. Has your bird been sick before? When? How was it treated? \_\_\_\_\_
- \_\_\_\_\_
5. Any other problems? \_\_\_\_\_
- \_\_\_\_\_