Avian Questionnaire

Bird details

Name of Bird: 
Species: 

Age/Date of birth: 
Sex: Male/Female

Site/address where Bird is kept (if different)

Date acquired

Source: pet shop/friend/breeder (circle appropriate) or other:

Do you keep other birds? Y/N If yes please give details:

<table>
<thead>
<tr>
<th>Name</th>
<th>Date acquired</th>
<th>Source</th>
<th>Any illnesses?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What exposure does the bird have to other birds?

Details of other pets

Do you keep other pets? Y/N If yes please give details:

<table>
<thead>
<tr>
<th>Species</th>
<th>Date acquired</th>
<th>Source</th>
<th>State of health</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are other pets ill?

Are family members ill?
Husbandry information on the Bird

Does your Bird have access to the whole house? Y/N

How old is the house approximately:

If confined to one room please give details:

What is the temperature (day/night)?

Centrally heated? Y/N Are windows double insulated? Y/N

Air-conditioned? Y/N

Has the Bird damaged any household item? Y/N

If Yes, please give details:

<table>
<thead>
<tr>
<th>Name</th>
<th>How damaged</th>
<th>When (date)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Is your Bird kept in a cage? Y/N

If yes please give approximate dimensions.

Height: __________ depth: __________ width: __________

What material is the cage made of?

Describe the bedding in the cage:

How often do you change it?

What disinfectants are used in the cage and how often?
Is the bird exposed to fresh air and sunlight every day? Y/N

Is the photoperiod natural and regulated, or random and irregular? Reg./Ran.

Are there smokers in the house? Y/N

Is your bird allowed outside? Y/N

Is this supervised? Y/N

What potential aerosols is the bird exposed to (household chemicals, disinfectants, hair sprays)?

Have any changes recently occurred in the home (new enclosure, different diet, painted house, changed carpet, moved to a new location, new pet or strange people in the house, moved bird to a new location in the house)?

Food

Describe the bird’s diet, please list all items he/she is known to eat and the quantities of these items if possible:

Where do you buy your bird’s food

a) Pet shop:
   b) Supermarket
   c) gather it or grow it yourself
   d) other (please describe)

What feeding schedule is used?

Do you use commercial food? Y/N

If so, please name it:
Do you offer table food?  Y/N if yes, what kind, how often:

Have you changed the diet recently?  Y/N
If yes, please state when and give a description of the previous diet:

Do you give:  If so, please name and state the way you give them:
(e.g. in water, sprinkle over food)

vitamins  Y/N  medicines  Y/N
minerals  Y/N  probiotics  Y/N

Water
How much water does your bird drink each day?
Has the drinking increased or decreased?
If increased when did you notice this?

General Information
When did your Bird:

breed?.................

nest?..................

mate?..................

Any previous problems?  Y/N

Please state with dates:
The present problem

Please describe your bird’s clinical signs (symptoms)

Any nasal or ocular discharge? Y/N
Any coughing or sneezing? Y/N
Any excessive drinking? Y/N

Are the droppings normal in appearance and size? Y/N
If no: When did you first notice any difference in the number and size of the droppings?
If so, please give date of change?

Is the skin normal? Y/N
Is there excessive scratching? Y/N

Any odd positioning or loss of use of any limbs? Y/N
If yes, please describe

Any abnormal vocalization? Y/N

Additional comments: