

Avian Husbandry Questionnaire

*Please complete and bring with you to your pet's appointment, along with pictures of their enclosure

				M or F	
Client Name		Patient Name	Species/Breed	(circle one)	Date of Birth/Age
То	day's Date:				
<u>Ba</u>	sics:				
1.	Where did you acquire yo	ur pet?			
2.	How long have you had your pet?				
3.	When was your bird's last ovulation (if applicable)?				
He	ealth history:				
1.	What is your pet's health history? Please specify the issue, when it started, duration of problem, any treatments, and any husbandry changes.				
2.	What other concerns do you have about your pet (e.g. excess vocalization, aggression)?				
3.	Has your bird ever been to	ested for the following	? If so, what was the res	ult?:	
0	Chlamydophila Polyomavirus				
0	Psittacine Beak and Feath	er			
0	Avian Bornavirus				
4.	Has your pet had a Sex blood test performed? If so, what was the result?				
5.	Has a hormone implant been placed?				
<u>En</u>	vironment: (*Please bring p	ictures of your pet's en	nclosure to your appointr	ment)	
1.	What type of enclosure do	you have?			
2.	What are the dimensions	of enclosure?			
3.	Where is the enclosure loo	cated in the house?			

- 4. What type of substrate do you use to line the enclosure?
- 5. How often is the substrate cleaned or changed?
- 6. What type of cleaning products do you use?
- 7. What accessories/toys do you have in the enclosure?
- 8. Does your pet live with any cage mates?
- 9. Is your pet exposed to smoke from cigarettes, e-cigarettes, marijuana, fire, wood-burning fireplace, scented candles or incense?

Diet:

- 1. What do you feed your pet (specify brands and percentage of diet)?
- o % fruits
- % vegetables
- o % seeds
- % pellets
- 2. How often do you feed your pet?
- 3. How much and what is left over after feeding?
- 4. What vitamin and mineral supplement(s) do you provide?
- 5. How do you provide water inside the enclosure?

Activity:

- How often is your pet handled?
- 2. Is your pet allowed time outside of the cage? Supervised or unsupervised?
- 3. Does your bird go outside (access to direct sunlight)?

Grooming:

- Is your bird groomed regularly?
- 2. Is your pet free flight or clipped?
- 3. Do you bathe your bird?

Lighting:

- 1. Do you provide full spectrum UVB?
- 2. If you answered yes, how often are the lights changed?