



7311 E. Thomas Rd. / Scottsdale, AZ 85251
Phone: 480-945-8484 / Fax: 480-945-8766
Hours: 7:00 A.M. – 11:00 P.M. / 7 Days a Week

Dr. William J. Langhofer, DVM
Dr. Rowena D'Monte, DVM
Dr. David Gosche, DVM
Dr. Samantha Lieberman, DVM

NEW CLIENT AVIAN QUESTIONNAIRE

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

GENERAL INFORMATION:

1. How long have you owned this bird? _____
2. Age - if known. _____
3. Sex – if known. _____ if sexed, was it by blood or feather? _____
4. Where did you get your bird? _____
5. Please circle one: IMPORTED or CAPTIVE –BRED
6. Has your bird been exposed to any other species within the last year? _____
7. Normal weight. _____
8. How often is your bird misted? _____
9. Have you owned birds before, and if YES what type? _____

10. Vaccination history – type and date: _____
11. Date of your bird's last molt? _____
12. Has your bird ever laid an egg? If YES – How many? _____ How often? _____
When? _____

DIET:

1. What do you feed your bird? _____
2. Percentage of seed in diet? _____
3. Percentage of pellets in diet _____
4. Percentage of human food in diet? _____
5. Does your bird eat food high in fat? If YES – Name an Type: _____
6. Does your bird eat: Sunflower Seeds Peanuts – If so, where do you purchase the seeds, nuts or both:

7. Please circle one: BOTTLED TAP PURIFIED
8. Is your seed stored in the freezer: YES or NO

ENVIRONMENT:

1. Does anyone in your home smoke, if YES where? _____
2. What type of cage do you have? Type of metal and paint: _____
3. Type of toys and how often are they changed? _____
4. Is the cage located near a drafty location? YES or NO
5. Is the cage covered at night? YES or NO
6. Where is the bird housed: INSIDE or OUTSIDE

MEDICAL HISTORY:

1. Do fecal droppings look consistent? YES or NO
2. Has the urate portion changed in color? WHITE YELLOW GREEN
3. Have you noticed any coughing or sneezing? YES or NO If YES how often? _____
4. Have you noticed any weight loss? YES or NO
5. Have you noticed any regurgitation? YES or NO
6. Have you noticed a change in activity level? YES or NO
7. Have you noticed a change in tone of voice? YES or NO
8. Does your bird feather pick? YES or NO If YES How long: _____ First noticed: _____
9. Have any medications been used to treat your bird in the last two weeks, including prescription or over the counter? _____
10. Has your bird been sick in the past? YES or NO If YES: When and how was your bird treated?

11. Any other problems?

