



The Pet Hospital of Peñasquitos

9888 Carmel Mountain Road, Suite F
San Diego, California 92129

Avian Questionnaire

Chart _____ Pet Name _____ Date _____

1. Do you view your bird as a

- Pet Family Member

2. Is your bird

- Domestic (Captive Born) Imported (Wild Caught)

Where did you get your bird?

- Shelter
 Breeder
 Pet Store (Please Specify) _____
 Other (Please Specify) _____

4. How long have you owned your bird? _____

5. How old is your bird? _____

6. What is the sex of your bird? Male Female Unknown

7. How was the sex determined?

- DNA Sexing (Whole Blood)
 Chromosomal Sexing (Feather Pulp)
 Surgical Sexing
 Other (Please Specify) _____

8. Please describe the housing arrangements.

Size _____
Construction Materials _____
Shape _____

9. Does your bird get a bath?

Yes No

If yes, please describe _____

10. How often does your bird bathe? _____

11. Is the cage Indoors Outdoors

12. Describe normal diet _____

Supplements _____

Treats _____

Favorite Foods _____

13. When did your bird last molt? _____

15. How often do you trim your bird's beak, nails, or wings?

16. Does your bird have any exposure to other birds?

Yes No Unsure

17. When was the last blood panel done?

Less than 1 year Over 1 year Never

18. When was your bird noted to be ill? _____

19. Has the problem been Worse Better Same

20. What clinical signs have you seen? _____

21. Have there been any changes in

Food Consumption? Yes No Unsure

Water Consumption? Yes No Unsure

Droppings Yes No Unsure

Behavior? Yes No Unsure

Vocalizations? Yes No Unsure