



AVIAN QUESTIONNAIRE

Bird's Name: _____ Sex: M F Unknown Age: _____

Species: _____ Color Variant: _____

Microchip/Band # _____

Has your bird laid eggs? YES NO If YES, when/how many? _____

Source of bird: Pet store _____ Prior owner _____ Breeder _____ Other _____

Date acquired: _____ (CIRCLE 1): Wild caught Domestic Bred Unknown

Housed: In cage _____ Aviary _____ Free-flying/roaming in house _____

Bird kept: In separate room _____ With family _____ Other _____ Wings trimmed: YES NO

What do you use on the bottom of the cage? _____

How many hours of QUIET darkness does bird have each night for sleeping? _____

Do you or other family members smoke? YES NO

Regarding bird's diet, indicate what percent of diet each portion ACTUALLY EATEN makes up:

Pelleted food (Brand & %) _____ Seeds (%) _____ People food (%) _____

List other birds (species and how many): _____

If other birds, are they in the same cage or have direct contact with this bird? YES NO

Any other birds sick? YES NO Have any died? YES NO

When did YOU notice THIS bird was sick? _____

What signs have you noticed regarding this bird, this incident? (CIRCLE ALL THAT APPLY):

diarrhea, blindness, vomiting, constipation, tail-bobbing, breathing difficulty, perching difficulty, collapse, fluffed feathers, wings or leg problems, eye/nostril/ear problems, bitten, feather problems, skin problems, change in personality, change in vocalization, ↓ appetite, ↑ drinking, egg problems

Is the bird on any medications? If YES, what are they? _____

**I AM / AM NOT familiar with Chlamydiosis (Also known as psittacosis, parrot fever).

**I DO / DO NOT understand public health risks associated with Chlamydiosis infection.

Signature: _____

Date: _____