

## **All Creatures Veterinary Clinic**

402-399-8224

8626 Frederick St. Omaha, NE 68124

### **Avian medical visit questionnaire (psittacine)**

**Ownership:** How long have you owned the bird?

Where did you acquire it (pet store, breeder, ad/Craig's List, friend) and location you acquired it from?

Any history from previous owner?

Any history of previous medical problems (who examined it, what was the diagnosis and date, when did it resolve)?

How old do you believe the bird to be?

Has the bird been DNA sex tested? *y/n* What sex is it?

**Cage/housing:** What size and what material is it made of?

What items are in the cage ie perches, happy hut, mirror, toys, foraging toys, food/water dishes (# and type), cuttle bone?

How frequently is the cage cleaned? What is used to clean it?

Is the cage covered at night? *y/n* How many hours?

What is the location of the cage? (ie near a window, near a heater, near the kitchen/cooking area, near a doorway, etc)

What is the temperature of the room where the cage is kept?

**Activities:** How often is the bird sprayed, in a shower, or use a bird bath?

Is it let out of the cage? *y/n* Supervised or not? *y/n* How frequently?

How long is it out of the cage each time?

Is it let outside? *y/n* On a leash or not? *y/n*

**Diet:** What is the diet?

What and how many treats per day?

Any human food? *y/n* What foods and how many per day?

Is the bird on any vitamins or supplements? *y/n* How are they given (ie in food, in water, directly by mouth), what is the name and brand, how frequently are they given, when were they first started?

Is the bird on any over-the-counter medications? *y/n* How are they given, what is the name and brand, how frequently are they given, when were they first started?

Is the bird on any prescription medications by a veterinarian? *y/n* How are they given, what is the name, what is the dose, when were they first started?

**Avian Contact:** Are there any other birds in the house? *y/n*

What other species are they, how old is each, how are they housed, how long have you owned each of them, and are they allowed direct contact?

Have any other birds been ill in the last 2 months?

**Animal Contact:** Are there any other pets in the house? *y/n*

What species are they and do they have contact w/the bird?

**Human interactions & behavior:**

How many people live in the house?

Who does what? (ie who feeds, gets it out, puts it away, medicates it, talks to it, etc)

How does the bird behave towards people? (ie bites only one family member, bites all but one, only sits on one, regurgitates to one, protective of one, treats all equally, etc.)

**Symptoms:**

Have there been any changes in eating or drinking habits?

Have there been any changes in the feces/droppings?

Any regurgitation or vomiting? *y/n* How often, when does it occur, and when did it first start?

Any coughing or sneezing? *y/n* How often, when does it occur, and when did it first start?

Has there been any eye or nasal discharge? *y/n* How much, how often, when was it first noticed, from which nostril/eye, and increasing/decreasing/no change?

When was the last molt?

Any history of problems molting, or changes in frequency of molting?

Any history of egg-laying? *y/n* How frequently, last egg, any history of difficulty/egg binding?

Birds are easily stressed and while it is rare, they can have a heart attack and die suddenly from even brief procedures such as restraint for wing/nail/beak trims, or medical examinations. Birds are only handled by licensed trained technicians under the supervision of the doctor.