

# EXOTIC ANIMAL QUESTIONNAIRE

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## BIRDS

### PATIENT INFORMATION

Species: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Reason for today's visit (include duration of problem if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Past medical problems: \_\_\_\_\_  
\_\_\_\_\_

Length of time owned: \_\_\_\_\_ Where acquired? \_\_\_\_\_

When was last molt? \_\_\_\_\_ Character of feces: \_\_\_\_\_

How often is your bird handled daily? \_\_\_\_\_ Is bird taken outside? Y / N

### HUSBANDRY

Housing: Indoors / Outdoors Where is cage located? \_\_\_\_\_

Type of caging? \_\_\_\_\_ Size of caging? \_\_\_\_\_ Galvanized? Y / N

How often is cage cleaned? \_\_\_\_\_ Type of cleaning agent? \_\_\_\_\_

Types of toys, perches, or enrichment offered: \_\_\_\_\_

### NUTRITION INFORMATION

Types of food offered:

• Pellets? Y / N If yes, what brand? \_\_\_\_\_ Amount & Frequency: \_\_\_\_\_

• Seed? Y / N If yes, what type? \_\_\_\_\_ Amount & Frequency: \_\_\_\_\_

• Fruit? Y / N Types: \_\_\_\_\_ Amount & Frequency: \_\_\_\_\_

• Vegetables? Y / N Types: \_\_\_\_\_ Amount & Frequency: \_\_\_\_\_

Water source: \_\_\_\_\_ How often is water changed? \_\_\_\_\_

Other pets? If yes, list: \_\_\_\_\_

If other birds: Housed Together / Housed Separately

Are there any new bird additions to your bird population? Y / N Quarantined: Y / N / Unknown

Please list any additional questions or concerns you would like to discuss with the vet today:

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