



Owner's Name:	<last-name>
Pet's Name:	<animal>
Date:	<apt-date>
Contact Number:	
Account #	<number>

Avian Pet Questionnaire

Please describe the current problem?		
Duration of the problem?		
Breed Type?		
Sex?		
How long have you owned your pet?		
Is your pet wild, caught or captive bred?		
Where did you purchase your pet?		
Is there exposure to other birds?	<input type="radio"/> Yes	<input type="radio"/> No
Please describe the diet you feed your bird including any supplements such as vitamins or calcium:		
Medications given:		
Please describe your cage setup for your bird including heat sources, cage size, perches, location etc.		
Exposure to hot Teflon pans or other toxins?	<input type="radio"/> Yes	<input type="radio"/> No
Duration of problem?		