Avian & Exotic New Patient Questionnaire
Please complete an individual questionnaire for each new patient.

Exam Date: _________  Weight: _______

- Patient Name: ____________________________
- Species/Breed: ____________________________
- Sex (Please Circle One): M/F/Unknown
- If sex is known, how was it determined? ____________________________
- Is your pet spayed (female) or neutered (neutered)? ____________________________
- Origin of pet: ____________________________
  - Wild caught/breeder: ____________________________
- Hand raised: YES/NO/Unknown
- Length of ownership: ____________________________
- Age: _________
- Band number/Microchip: ____________

**Environment**
- Cage
  - Size of cage or cages: ____________________________
  - Where is the enclosure housed? ____________________________
  - % day confined to enclosure vs. free roaming: ____________________________
  - How often is cage cleaned? ____________________________
- What is used to clean the cage? ____________________________
  - What substrate/bedding is used in the enclosure? ____________________________
- Types of perches (if applicable): ____________________________ How often are perches rotated? ____________________________
- Enclosure Humidity (if applicable):
  - What is the relative humidity of the enclosure? ____________________________
  - How is humidity determined? ____________________________
- Enclosure Temperature (if applicable):
  - What is the temperature gradient of the enclosure? Day: _________ Night: _________
  - How is temperature measured? ____________________________
  - What type of heat source is utilized? ____________________________
- Exposure to light:
  - Natural/Fluorescent/UVB  Amount of Exposure Daily: ____________________________
  - If applicable, when was UVB bulb last changed? ____________________________
- Bathing habits:
  - How often is pet bathed? ____________________________
  - What is used to bathe pet? ____________________________
- Other access? Play perches, floor, tables, outside, vacation home, etc.

- Are you aware of any exposure your pet may have had to the following (Please circle all that may apply)? Teflon cook wear, smokers, strong cleaning agents, aerosols
  - Other: ____________________________

- Enrichment (Please circle all that apply, and elaborate on the lines following.):
  - Foragers, shreddable toys, puzzle toys, target training, etc.
Other Pets in Household

- Species: ________________________________________________
- Age(s): ________________________________________________
- Amount of contact between other pets and above patient: ________________________________________________
- Any known diseases with any other pet(s) within the household: ____________________________________________

Diet

- What food (include brand) is the pet provided? Please list all food items offered. If possible, please list the percentage each category of food comprises (i.e. % commercial diet, % vegetables, % fruit, and % prey items).

__________________________________________________________________________________________________

__________________________________________________________________________________________________

What does the pet actually eat? Please list all food items pet eats.

__________________________________________________________________________________________________

__________________________________________________________________________________________________

How are non-commercial diet foods prepared?

__________________________________________________________________________________________________

__________________________________________________________________________________________________

Access to fresh water

- How frequently is water offered? ________________________________________________
- How frequently are water bowls cleaned? ____________________________________________
- If applicable, does pet have adequate space/water for soaking? _______________________

Exercise

Describe the amount and type of exercise your pet receives.

__________________________________________________________________________________________________

Medical History

- When and where was your pet last seen? (Please contact all previous veterinarians, prior to your appointment with AUCVM Avian & Exotic Service, and request that they send ALL veterinary records, for this patient, to the AUCVM Avian & Exotic Service at Fax Number 334-844-1236).

__________________________________________________________________________________________________

Has your pet had any vaccines? If so, please list vaccine(s), most recent date of vaccination and where vaccine was obtained.

__________________________________________________________________________________________________

Is your pet currently on any medications? If so, please list medication, dosage, frequency and where medication was prescribed.

__________________________________________________________________________________________________

Visit

- What is the primary reason for your appointment today? ________________________________________________
- If applicable, how long has this been a concern(s)? ________________________________________________
- If applicable, what treatment has your pet received for current medical concern(s) _______________________

What other medical or behavioral concerns do you have (related or otherwise)?

__________________________________________________________________________________________________

Anything else that you would like us to be aware of regarding your pet?

__________________________________________________________________________________________________