

PATIENT STICKER

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 Toys:

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?
