



Warren Woods Veterinary Hospital
29157 Schoenherr
Warren, Michigan 48088
586-751-3350

Avian Introduction Questionnaire

Owner's Name: _____

Patient's Name: _____

Species: _____

Age: _____

Sex: Male Female Unknown

Historical Information

When did you acquire your bird? _____

Where did you acquire your bird? _____

Has your bird ever visited a veterinarian? _____

If so when and why? _____

Current Environment

What size cage does your bird have? _____

What substrate is in your enclosure? _____

Do you provide your bird any toys? _____

If so what kind? _____

What water source does your bird have? _____

What types of food do you offer? _____

Do you offer any supplements? _____

If so what kind? _____

Is your bird housed alone? _____

If not what other animals are in the enclosure? _____

What other pets are in the household? _____

How much time do you spend with your bird? _____

Additional Information: _____
