



SOUTH PEAK VETERINARY HOSPITAL, P.C.

BIRD VISIT QUESTIONNAIRE

1. YOUR BIRDS NAME: _____ AGE: _____
2. SPECIES: _____ GENDER (if known): _____
3. WHERE DID YOU ACQUIRE HIM / HER? _____

4. DESCRIBE YOUR BIRD'S DIET: _____

5. DESCRIBE YOUR BIRD'S ENCLOSURE (including toys and position of enclosure in house): _____

6. INDOOR / OUTDOOR TIME: _____
7. OTHER BIRDS OR PETS IN HOUSEHOLD (if yes, what are they): _____

8. DO YOU BATHE HIM / HER? _____
9. DESCRIBE WHY YOU ARE BRINGING HIM / HER IN TODAY: _____

