



Borash Veterinary Clinic
79 Prospect Street
Peabody, MA 01960
(978) 531-8713 ~ Fax (978) 532-1046
Web - borashvet.com ~ E-mail - info@borashvet.com

AVIAN SURVEY

Name: _____ Age: _____ Date: _____

How long have you owned this pet?	
Have there been any changes in the following:	
<input type="checkbox"/> Appetite: increase or decrease	
<input type="checkbox"/> Water Intake: increase or decrease	
<input type="checkbox"/> Activity level: increase or decrease	
Symptoms that prompted today's visit?	
Has your pet laid any eggs recently?	
Medical history	
Has this pet been seen previously by a veterinarian: ____ YES ____ NO Where?	
Is your pet on any medications, supplements or vitamins? ____ YES ____ NO - Type and dose:	
Diet	
What percentage of the diet comprise the following?	
<input type="checkbox"/> Seed	
<input type="checkbox"/> Pellets	
<input type="checkbox"/> Fresh veggies	
<input type="checkbox"/> Fresh Fruits	
<input type="checkbox"/> Other	
Water	
How is water provided? (dish or bottle)	
How often is container filled?	How often is container cleaned?
Housing	
What is the type and size of cage?	
What material is used on the bottom of the cage?	
Frequency of cage cleaning?	
What is the temperature usually kept at? High Temp (day/night)	Low Temp (day/night)
Is pet housed alone or with other pets?	
Is the bird covered at night?	
Exercise	
Method :	Frequency:
What toys are provided?	
Handling	
How often is pet handled?	By whom?