

Feather Picking/Plucking Questionnaire

Pet ID# _____
Office Use Only
Client ID# _____

Pet Information (*Please Print*)

Date: _____

Pet Name: _____ Species/Breed: _____

Age / D.O.B: _____ Male _____ Female _____ Unknown _____

Pet's Color _____

1. Does anyone in the house smoke cigarettes? Yes _____ No _____
If yes, do you/they smoke around the bird? Yes _____ No _____
2. Does anyone use cleaning products around the cage? Yes _____ No _____
If yes, what types and how often? _____
3. Are there any children under 10 years of age in the house? Yes _____ No _____
4. Are there any other pets in the room with the bird? Yes _____ No _____
If yes, please name types? _____
5. Have there been any changes to cage (i.e. toys, food)? Yes _____ No _____
If yes, what? _____
6. Have there been any changes to house (i.e. paint, carpet)? Yes _____ No _____
If yes, what? _____
7. Have there been any increases/decreases to pets in house? Yes _____ No _____
8. Are there any new people living in the house? Yes _____ No _____
9. Has anyone left the household? Yes _____ No _____
10. Have there been any behavior changes in your bird? Yes _____ No _____
If yes, what? _____
11. Has your bird been diagnosed with a medical illness before? Yes _____ No _____
If yes, What disease ? _____
12. What types of treats does your bird get? _____
13. Is your bird caged with or play with another bird(s)? Yes _____ No _____
14. How often does your bird get bathed or take a shower? _____
15. If female, has she ever laid eggs? Yes _____ No _____
When was the last time she laid eggs _____
16. Does your bird vocalize when picking or plucking? Yes _____ No _____