



**AVIAN BEHAVIORAL HISTORY**

For more information: <http://www.faunanyc.com>

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Referring Vet: \_\_\_\_\_ Referring Vet Phone: \_\_\_\_\_

Date: \_\_\_\_\_ Bird's Name: \_\_\_\_\_ Date of hatch: \_\_\_\_\_

Species: \_\_\_\_\_ Gender:  M  F Confirmed by:  Surgery  DNA  Visual

**List behavior problems in order of severity:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**BACKGROUND**

Have you owned birds before? \_\_\_\_\_

Which species? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Source of bird? \_\_\_\_\_

How many clutch-mates? \_\_\_\_\_

Why did you select this particular bird? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was the bird hand-raised? \_\_\_\_\_

Starting at what age? \_\_\_\_\_

How old was the bird when first acquired? \_\_\_\_\_

How long have you had this bird? \_\_\_\_\_

Any previous owners? \_\_\_\_\_

Why was bird given up? \_\_\_\_\_

\_\_\_\_\_

## **MEMBERS OF HOUSEHOLD**

List all members of your household and their schedules:

Name	Age	Hours Away	Time spend from home with bird

List all pets in household in the order in which they were obtained:

Name	Species	Breed	Sex	Age	Interaction with bird

Are any other pets or family members ill?  Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

### **ENVIRONMENT**

Type of dwelling:  House  Apartment    Approx square footage: \_\_\_\_\_

Do you have  Electric or  Gas heat?    Avg house temperature? \_\_\_\_\_

Is the bird exposed to aerosols or cigarette smoke? \_\_\_\_\_

Do you use an exterminator?  Yes  No

Have you moved since acquiring your bird?  Yes  No

Have there been any recent changes to the physical environment?  
(new people or pets, new furniture, cage, cage location, etc.)     Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

**HOUSING**

Describe the location(s) where the bird is kept: \_\_\_\_\_

\_\_\_\_\_

Is the location varied?  Yes  No

Describe the primary enclosure:

Dimensions: \_\_\_\_\_

Substrate: \_\_\_\_\_

Perches: \_\_\_\_\_

Hide: \_\_\_\_\_

Where does the bird sleep? \_\_\_\_\_

List the toys available to the bird in order of preference (include color, size, shape, and texture):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ACTIVITY**

How much time each day does the bird spend outside of the cage? \_\_\_\_\_

How much time each day is the bird exposed to sunlight? \_\_\_\_\_

What percentage of time is spent outdoors?

In a cage \_\_\_\_\_ On a perch \_\_\_\_\_ On a screened patio \_\_\_\_\_

Supervised outdoors:  Yes  No

How much time each day is spent interacting with people? \_\_\_\_\_

How do you play with your bird, and how often? \_\_\_\_\_

\_\_\_\_\_

### **GENERAL BEHAVIOR**

Does your bird ever appear to be afraid of any particular items or situations?  Yes  No

If yes, describe the situation(s): \_\_\_\_\_

\_\_\_\_\_

What is your bird's reaction to the following situations?

➤ The veterinary hospital: \_\_\_\_\_

➤ Familiar adults: \_\_\_\_\_

➤ Familiar children: \_\_\_\_\_

➤ Unfamiliar guests: \_\_\_\_\_

➤ In the cage: \_\_\_\_\_

➤ Outside the cage: \_\_\_\_\_

➤ When you leave: \_\_\_\_\_

➤ When you return: \_\_\_\_\_

➤ During car travel: \_\_\_\_\_

➤ Approaches to cage: \_\_\_\_\_

➤ Removal from cage w/hand or perch: \_\_\_\_\_

➤ being placed back in cage: \_\_\_\_\_

➤ Approaching while eating: \_\_\_\_\_

- Stroking or petting: \_\_\_\_\_
- Leaning over bird: \_\_\_\_\_
- Raising hand over bird: \_\_\_\_\_
- Staring at bird: \_\_\_\_\_
- Disturbed while resting/hugging/kissing the bird: \_\_\_\_\_

Does your bird tear up items?  Yes  No

Under what circumstances? \_\_\_\_\_

\_\_\_\_\_

## **FEEDING**

Brand of Food: \_\_\_\_\_

Amount fed per day: \_\_\_\_\_

Fed when? \_\_\_\_\_

Fed by whom? \_\_\_\_\_

Other foods offered: Consumed? How often?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Percentage of diet:

➤ Seed: \_\_\_\_\_

➤ Vegetables: \_\_\_\_\_

➤ Fruits: \_\_\_\_\_

➤ Carbohydrates: (pasta, bread, cereal): \_\_\_\_\_

➤ Proteins (meat, eggs, cheese): \_\_\_\_\_

➤ Snacks: \_\_\_\_\_

Are any dietary supplements used?  Yes  No

If yes, list: \_\_\_\_\_

Has there been a change in your bird's appetite?  Yes  No

## **SLEEPING AND BATHING**

Where does the bird sleep? \_\_\_\_\_

Between what hours does the bird sleep? \_\_\_\_\_

Does this vary?  Yes  No

Is the photoperiod (hours of light each day)  Natural or  Regulated?

How many hours of light is the bird exposed to during a 24-hour period? \_\_\_\_\_

Do you provide regular opportunities for bathing?  Yes  No

Where and how? \_\_\_\_\_

\_\_\_\_\_

Does your bird enjoy baths?  Yes  No

## **REPRODUCTION**

Has the bird ever been used for breeding?  Yes  No

Does your bird have access to other birds?  Yes  No

➤ Visual:  Yes  No

➤ Physical:  Yes  No

➤ Auditory:  Yes  No

Are there any other nesting birds in the environment?  Yes  No

If yes, explain: \_\_\_\_\_

Does your bird do any of the following? If so, how often? (Check all that apply)

Protect cage .....How often? \_\_\_\_\_

Toys ..... How often? \_\_\_\_\_

Food .....How often? \_\_\_\_\_

Mirror .....How often? \_\_\_\_\_

Nest building .....How often? \_\_\_\_\_

Regurgitate .....How often? \_\_\_\_\_

Hide in dark places .....How often? \_\_\_\_\_

Bend over & fan tail ....How often? \_\_\_\_\_

Masturbate .....How often? \_\_\_\_\_

Mother toys .....How often? \_\_\_\_\_

## **TRAINING**

Does your bird know any commands?  Yes  No

List known commands: \_\_\_\_\_

Does your bird mimic or vocalize?  Yes  No

Explain: \_\_\_\_\_



Who is the primary trainer? \_\_\_\_\_

Do you have regular training sessions with your bird?  Yes  No

Do you use rewards?  Yes  No

If yes, what types? \_\_\_\_\_

Do you correct or discipline your bird?  Yes  No

If yes, describe: \_\_\_\_\_

## **MEDICAL**

When was your bird's last health examination? \_\_\_\_\_

Do you have your bird's wings trimmed?  Yes  No

If yes, how often? \_\_\_\_\_

Give a brief medical history: \_\_\_\_\_

\_\_\_\_\_

List medications your bird has taken in the past: \_\_\_\_\_

\_\_\_\_\_

List current medical problems: \_\_\_\_\_

\_\_\_\_\_

List current medications: \_\_\_\_\_

\_\_\_\_\_

**STEREOTYPIC BEHAVIOR**

Does your bird engage in feather plucking or self-mutilating behaviors?  Yes  No

If yes, explain? \_\_\_\_\_

Does your bird pace back and forth in the cage?  Yes  No

If yes, when did the problem begin? \_\_\_\_\_

What percentage of the time does the bird engage in this behavior? \_\_\_\_\_

Was any particular event associated with the onset of the behavior? \_\_\_\_\_

\_\_\_\_\_

When is the behavior most intense? (season, time of day, presence or absence of certain individuals, particular locations) \_\_\_\_\_

\_\_\_\_\_

What is the bird's attitude while performing the behavior? \_\_\_\_\_

Can you interrupt the behavior?  Yes  No

If yes, how? \_\_\_\_\_

What have you tried doing to correct the problem? \_\_\_\_\_

\_\_\_\_\_

Has any treatment been effective?  Yes  No

If yes, how? \_\_\_\_\_

Has there been a change in the frequency or appearance of the behavior?  Yes  No

Describe in detail a recent episode: \_\_\_\_\_

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## **AGGRESSION**

Has your bird ever bitten a person?  Yes  No

Has your bird ever bitten another bird?  Yes  No

If yes, When did the first bite occur? \_\_\_\_\_

List the total number of bites: \_\_\_\_\_

Who were the victims of the attacks? \_\_\_\_\_

Describe the first aggressive episode:

➤ Date of occurrence: \_\_\_\_\_

➤ Person(s) present: \_\_\_\_\_

➤ Signs displayed by bird: \_\_\_\_\_

➤ Location: \_\_\_\_\_

➤ Circumstances: \_\_\_\_\_

Describe the last two aggressive episodes:

1) Date of occurrence:

➤ Person(s) present: \_\_\_\_\_

➤ Signs displayed by bird: \_\_\_\_\_

➤ Location: \_\_\_\_\_

➤ Circumstances: \_\_\_\_\_

2) Date of occurrence:

➤ Person(s) present: \_\_\_\_\_

➤ Signs displayed by bird: \_\_\_\_\_

➤ Location: \_\_\_\_\_

➤ Circumstances: \_\_\_\_\_

Your bird (check all that apply):

Attacks without warning

Attacks primary caregiver

Raises feathers

Retreats after biting

Screams before attacking

Attacks only unfamiliar individuals

Extends neck Bites once and lets go

Does not let go

Attacks only near the primary caregiver

Do you consider excessive vocalization to be a problem for your bird?  Yes  No

Does your bird chatter or scream?  Yes  No

When did the problem begin? \_\_\_\_\_

When does the behavior occur? \_\_\_\_\_

Bites multiple times?  Yes  No

Attacks only near the cage?  Yes  No

Inflicts injuries requiring medical attention?  Yes  No

## **VOCALIZATION**

When is the behavior most intense? \_\_\_\_\_

Has there been a change in the frequency or intensity of the behavior?  Yes  No

How do you react to the screaming? \_\_\_\_\_

Have you tried anything to correct the behavior?  Yes  No

If yes, explain? \_\_\_\_\_

Has any intervention been effective?  Yes  No

Describe in detail a recent episode: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional comment you want to add: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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