PET BIRD BEHAVIOR HISTORY

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Instructions: Fill out this form with as much detail as possible prior to your behavior consultation. Please return completed form to ocddoc@msn.com

Date:		
Caregiver Name		
Caregiver Name:		
Address (Street, City, State, Zip code):		_
Cell Phone:		
Alternate Phone:		
Email:		
Caregiver Name:		
Title and pronouns:		_
Address (Street, City, State, Zip code):		
Cell Phone:		
Alternate Phone:		
Email:		
Bird's Name:		
Date of hatch:		
Species:		
Sex: M F Unknown		
Confirmed by: Surgery, DNA, Lays eggs		
Approximate Weight: g or kg		
Referring Veterinarian:		
Name of Veterinary Hospital:		
If not referred by veterinarian, name of referring agent:		
List behavior problems/concerns in order of severity:	Date of onset:	
•		
1.		
2.		
3.		
4.		

BACKGROUND					
Source of bird?					
How many clutch-	mates?				
Why did you selec	t this particular	bird?			
Was the bird hand	-raised? Startir	ng at what age	?		
How old was the b	oird when first a	acquired?			
How long have you	u had this bird?	•			
Previous owners?	Why was bird g	given up?			
MEMBERS OF HO					
List all human mer	nbers of your h	lousehold and	their sche		
Name		Age	2	T	ime spent with bird
1.					
2.					
3.					
4.					
List all pets in hous	sehold in the o	rder in which t	hey were	obtained:	
Name	Species	Breed	Sex	Age	Interaction with bird
1.					
2.					

3.

4.

5.

Are any other pets or family members ill?

ENVIRONMENT

Type of dwelling (house or apartment) and approximate square footage:

Do you have electric or gas heat?
What is the temperature (range) where the bird is kept?
What is the humidity (range) in the bird's room?
Is the bird exposed to aerosols or cigarette smoke?
Do you use an exterminator?
Have you moved since acquiring your bird?

Have there been any recent changes to the physical environment? (New people or pets, new furniture, cage, cage location, etc.)

HOUSING

Describe the location(s) where the bird is kept. Is the location varied?

escribe the primary enclosure:	
Dimensions:	
Substrate:	
Perches:	
Hide:	
here does the bird sleep?	

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

- 1.
- 2.
- 3.
- 4.
- 5.

ACTIVITY

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

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

What percentage of time is spent outdoors?

Supervised outdoors: Yes No

How much time each day is spent interacting with people? How and how often do you play with your bird?

GENERAL BEHAVIOR

Does your bird ever appear to be afraid of any particular items or situations?

Describe the situation(s).

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

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 with hand or perch

Being placed back in cage

Approaching while eating

Stroking or petting

Leaning over bird

Raising hand over bird

Staring at bird

Being disturbed while resting

Hugging or kissing the bird

Does your bird tear up items? Under what circumstances?

FEEDING

Brand of Food (pellets): Amount fed per day: Fed when and by whom?			
Food offered:	How often?	Consumed (yes, no)	Percentage of diet
Seed:			
Nuts:			
Vegetables:			
Fruits:			
Carbohydrates: (Pasta, bread, cereal)			
Proteins: (Meat, eggs, cheese)			
Snacks:			
Are any dietary supplements	used?		
Has there been a change in y	our bird's appetite?		
SLEEPING AND BATHING			
Where does the bird sleep?			
Between what hours does th	e bird sleep? Does this	s vary?	
Is the photoperiod (hours of	light each day) natura	l or regulated?	
How many hours of light is th	ne bird exposed to dur	ing a 24-hour period?	
Do you provide regular oppo	rtunities for bathing?	Where and how?	
Does your bird enjoy baths?			

REPRODUCTION

Has the bird ever been used for breeding?

Does your bird have access to other birds?

Visual

Physical

Auditory

Are there any other nesting birds in the environment?

Does your bird do any of the following? If so, how often?

Protect cage, toys, food

Nest building

Regurgitation

Hiding in dark places

Bending over and/or tail fanning

Masturbation

Mothering toys

TRAINING

Does your bird know any commands? Which ones?

Does your bird mimic or vocalize? Describe:

Who is the primary trainer?

Do you have regular training sessions with your bird?

Do you use rewards? If so, what types?

Do you correct or discipline your bird? Describe:

MEDICAL

When was your bird's last health examination?

Do you have your bird's wings trimmed? How often?

Give a brief medical history:

List medications your bird has taken in the past:
List current medical problems:
List current medications:
SELF-DIRECTED BEHAVIORS
Does your bird engage in feather plucking or self-mutilatory behaviors?
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? If so, how?
What have you tried doing to correct the problem? Has any treatment been effective?
Has there been a change in the frequency or appearance of the behavior?
Describe in detail a recent episode:

AGGRESSION

Has your bird ever bitten a person?
Has your bird ever bitten another bird?
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:

Circumstances:

Location:

Describe the last two aggressive episodes:

Date of occurrence: Person(s) present:

Signs displayed by bird:

Location:

Circumstances:

Date of occurrence: Person(s) present: Signs displayed by bird:

Location:

Circumstances:

Your bird (circle all that apply):
Attacks without warning Screams before attacking Attacks primary caregiver Attacks only unfamiliar individuals Retreats after biting Bites once and lets go Bites multiple times Does not let go Attacks only near the cage Attacks only near the primary caregiver Inflicts injuries requiring medical attention
VOCALIZATION
Do you consider excessive vocalization to be a problem for your bird?
Does your bird chatter or scream?
When did the problem begin?
When does the behavior occur?
When is the behavior most intense? Has there been a change in the frequency or intensity of the behavior?
How do you react to the screaming?
Have you tried anything to correct the behavior?
Has any intervention been effective?
Describe in detail a recent episode: