# **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title and pronouns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Address (Street, City, State, Zip code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Alternate Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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# 

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 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?

Previous owners? Why was bird given up?

## MEMBERS OF HOUSEHOLD

List all human members of your household and their schedules:

Name Age Time spent with bird

1.

2.

3.

4.

List all pets in household in the order in which they 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?

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)

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 your bird’s appetite?

## SLEEPING AND BATHING

Where does the bird sleep?

Between what hours does the bird sleep? Does this vary?

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? 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:

Location:

Circumstances:

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: