



BIRD BEHAVIORAL INTAKE FORM

Today's Date:

Caretaker Information

Caretaker's Name:

Address:

City: State: ZIP Code:

Telephone: home cell work

Home Type: Apartment Single Family House Other

We were referred by:

Name: Clinic: Phone:

Bird Species Questions

Bird Name: Exact Species (e.g. Sun conure):

Sex: Male Female Unknown Bird Age:

Bird Weight (in grams): Age Acquired:

Previous Homes:

<i>Describe Home</i>	<i>Why relinquished</i>
1.	
2.	
3.	

Has your bird ever resided in a rescue? Yes No

Diet:

Pellets seeds: Brand: Where purchased:

Vegetables: Fresh Cooked Favorites: _____ Refuses: _____

Fruits: Fresh Cooked Favorites: _____ Refuses: _____

Table food: Favorites: _____ Refuses: _____

Other:

Sleep:

Awakens: Bed Time:

Describe sleeping arrangements:

Health			
	<i>Dates</i>	<i>What</i>	<i>When</i>
Hatch Date			
Hand Feeding History (If Known)			
Health Concerns			
Injuries			
Medications			

Household Composition					
Who lives in the primary residence with the bird?					
<i>Name</i>	<i>Age</i>	<i>Relationship to Client</i>	<i>Name</i>	<i>Age</i>	<i>Relationship to Client</i>
Other Animals in the home					
<i>Name</i>	<i>Age</i>	<i>Species</i>	<i>Name</i>	<i>Age</i>	<i>Species</i>

Caretaker Status		
<input type="checkbox"/> Never Married	<input type="checkbox"/> Married/Civil Union	<input type="checkbox"/> Separated, when:
<input type="checkbox"/> Divorced, when:	<input type="checkbox"/> Widowed, when:	<input type="checkbox"/> Remarried, when:

Developmental History
How long was baby kept with parent?
Baby's hatch weight:
When was baby pulled for hand feeding?
Age of first adoption:

Please describe your Birds personality/temperament:			
<input type="checkbox"/> Easy going	<input type="checkbox"/> Slow to warm up to others	<input type="checkbox"/> Demanding and difficult to please	<input type="checkbox"/> Nervous/anxious
Describe:			

Behavior Consultations		
Who From	Dates	Outcome

Training History
What is your training philosophy?
Describe 3-5 things you've trained your pet to do:
How does your bird get attention?
1.
2.
3.

Environment Wellness
Household temperature (F): _____ Household humidity: _____
House hold activity level: <input type="checkbox"/> Very Active <input type="checkbox"/> Moderate <input type="checkbox"/> Sedate
Bird Cage: Size _____"H x _____"W x _____"D
Cage Location:
Play stand: <input type="checkbox"/> Yes <input type="checkbox"/> No Hours out per day: _____
Perches: Size: _____ Styles: _____

Enrichment			
Toys	Materials	When notated	How often used
1.			
2.			
3.			
4.			
5.			

Foraging - Working for food	
Name of Toy	How often used
1.	
2.	
3.	
4.	
5.	

Sensory Enrichment
TV
Radio
Videos of family
Other flockmates
Aviary time

Favorite Activities	
What	Frequency
1.	
2.	
3.	
4.	
5.	

Activity
Approximately how many hours per day does spend in cage:
Approximately how many hours per day is your bird alone:
Approximately how many hours per day does the bird interact with family:
Please describe your birds's strengths and weaknesses:

Please check any of the following events that have happened in the family since acquiring bird			
<input type="checkbox"/> Change in household conflict	<input type="checkbox"/> Separation/Divorce	<input type="checkbox"/> Marriage	<input type="checkbox"/> Remarriage
<input type="checkbox"/> Change in living situation	<input type="checkbox"/> Death in family	<input type="checkbox"/> Loss of job	<input type="checkbox"/> New job
<input type="checkbox"/> Trauma/Injury	<input type="checkbox"/> Serious injury/Hospitalization	<input type="checkbox"/> New baby	<input type="checkbox"/> Legal trouble
<input type="checkbox"/> Change in military status	<input type="checkbox"/> Death of a friend/peer	<input type="checkbox"/> Smoking	<input type="checkbox"/> Alcohol issues

How did bird react to above events		
<input type="checkbox"/> No change	<input type="checkbox"/> Become nervous	<input type="checkbox"/> Developed behavior

Behavior of concern		
<input type="checkbox"/> Screaming	<input type="checkbox"/> Biting	<input type="checkbox"/> Hormonal behavior
<input type="checkbox"/> Aggression	<input type="checkbox"/> Anxiety / fear	<input type="checkbox"/> Refuses handling
<input type="checkbox"/> Feather Plucking	<input type="checkbox"/> Other:	
When does the behavior occur: <input type="checkbox"/> Morning <input type="checkbox"/> During Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> When I am away		
Frequently:	Rarely	○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Several times per day
Intensity:	Mild	○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Compulsive in nature

What you have tried

What	When	Outcome
1.		
2.		
3.		
4.		
5.		

Signature:**Date:**