

# PRIMARY AVIAN BEHAVIORAL HISTORY

Owner Name:  
Address:  
City:  
State:  
Home Telephone:  
Work Telephone:  
E-mail Address:

Date: \_\_\_\_\_

RDVM Name:

Bird's Name:

Telephone:

Species:

Gender:        M        F

## **BACKGROUND**

Have you owned birds before?    Yes            No

When and which species? \_\_\_\_\_

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

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

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

How many hours a day does some member of the household spend interacting with the bird?

- <1
- 1 to 2
- 2 to 4
- 4 to 7
- >7

**MEMBERS OF HOUSEHOLD**

List all human members of your household and their schedules:

Name	Age	Hours away from home	Time spent with bird

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

Name	Species	Breed	Sex	Age	Interaction with bird

**ENVIRONMENT**

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

Do you have electric or gas heat?

At what temperature is the house kept?

Nightly low \_\_\_\_\_

Daily high \_\_\_\_\_

Is the bird exposed to aerosols or cigarette smoke?    Yes    No

Does any member of the household smoke outside the house?    Yes    No

Do you use an exterminator?    Yes    No

## **HOUSING**

How many different locations is the bird kept in?

1      2      3      4      5

Describe the location(s) where the bird is kept.

Describe the primary enclosure:

Dimensions:

Substrate:

Perches:

Hide:

Where does the bird sleep?

Does the bird have toys?    Yes                  No

If so, how many?    1    2 to 3                  4 or more

Do you rotate the toys?    Yes    No

What type toys – shreddable or durable?    Puzzle toys, etc

## **ACTIVITY**

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

<1 hour      1-3 hours                  >3 hours

How much time each day is the bird exposed to light?

<8      8-12                  >12

How much time each day is the bird in darkness?

<8      8-12                  >12

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 and how often do you play with your bird?

### **FEEDING**

What foods does your bird consume?

Pellets Seeds Fruits and Vegetables  
Table foods: describe \_\_\_\_\_

Food is offered

1/day 2/day free choice/continuously available

### **BATHING**

Do you provide regular opportunities for bathing? Yes No

How often?

### **LEARNING**

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

Do you use rewards? Yes No

If so, what types?

Do you correct or discipline your bird? Yes No

If so, how?