**Avian Behavioral Consult Additional History**

**Patient Information:**

Name: Age: Species:

Sex: Male/Female/Unknown

Other birds in the household:

Names: Age: Sex: Species:

Other non-avian house pets:

Names: Age: Sex: Species: Breed:

**List all family in household and their daily interactions with your pet (include who feeds the pet and when).**

Where did you acquire your bird (breeder/pet store/from a friend/online etc)?

If your bird lived in another home, how long did he/she live there? Describe the previous owners and the environment the bird was kept in.

Was your pet hand raised or wild caught?

If your pet was hand raised, did you acquire the pet after he or she was fully weaned?

Describe your pet’s enclosure at home:

 Cage Style:

 Location of cage:

 Type of liner used on bottom of cage:

 How often is your bird’s cage cleaned?

 Toys:

 Perch type and location:

Describe your bird’s diet including treats. Include food types and approximate percentage of diet (i.e. 50% pellets, 25% seeds):

 How is food offered (Bowl, foraging, etc)?

Do you cover your bird’s cage at night?

How many hours of sleep/dark does your bird get a night?

Has the amount of daylight hours your bird gets changed recently?

**Does your bird ever exhibit any of the following behaviors? How often if yes?**

* Chronic egg laying?
* Feather picking?
* Biting or chewing at skin causing self-trauma?
* Regurgitation?
* Rubbing cloaca (vent) on toys/perches?
* Repetitive behavior such as bobbing or swaying repeatedly?
* Cage aggression?
* Destructive chewing?
* Lunging at people?
* Lunging at other pets?
* Avoidance of people or other pets?

**Describe a typical day in your bird’s life including time of day, when and who interacts with the bird including other animals, feeding time including who is feeding the bird and the order he/she is fed in compared to the other animals in the house, out of cage time, training time, etc. Include what time daylight hours begin and end for your bird and whether this changes regularly.**

**Reason for Visit – Problem behavior(s):**

What behavior issue caused you to seek professional advice?

When did this problem first originate?

Has the problem behavior escalated since it originated?

What event occurs right before the problem behavior is seen?

How have you been dealing with the behavior up to this point?

Was there an event that caused you to seek professional help now?

When was the last time this behavior was exhibited? How did you react? How do the other pets in the house respond?

What treatments have you tried thus far? Have any of these treatments been effective in improving the behavior? Have they made the behavior worse?