

Feathered Family Inc.

Client Bird History

This form must accompany a Parrot Relinquishment Agreement. We do apologize in advance for the length of this form, but the more we know about the bird the better we can provide for its special needs.

Note: It would be most helpful to us if you could obtain a copy of your bird's medical records from your current veterinarian and submit them with this form or make arrangements with your veterinarian to forward them to us.

Name of Bird _____ Species _____
Band # (if present) _____ Approximate Age _____
Gender (if known) M F Hatch Date (if known) _____
Name of Owner(s) _____

Address _____

City, State, Zip Code _____

Telephone (H) _____ (W) _____

E-Mail _____

Reason for giving up this bird? _____

Does this bird Pluck or Mutilate? Yes No

Does this bird have a history of serious aggression? Yes No

Was this bird a planned acquisition? Yes No

Did this bird fledge (learn to fly) before coming home? Yes No Unknown

This bird was acquired from a Breeder Pet Store Rescue/Adoption Gift Other

Name of source _____ Date _____

Address _____

City/State/Zip _____

Has this bird been the patient of a specific veterinarian? Yes No

Veterinarian Name Dr. _____

Business Name _____

Address _____

City/State/Zip _____

Is this veterinarian certified as an avian specialist? Yes No

How long has this bird been a patient of this veterinarian? _____

When was the most recent visit to this veterinarian? _____

Purpose of the visit?

Has the bird been treated by any avian health care professional other than the primary care veterinarian since the last visit to the primary care veterinarian? Yes No

Are there birds in your home other than this bird? Yes No

If yes, please list name, species, age, and how long you have owned them.

Does this bird have a history of aggression with other birds? Yes No

Does this bird have a history of healthy interaction with other birds? Yes No

Has this bird been exposed to bird(s) other than those listed above within the last 180 days? Yes No

If yes, when? Please provide details of the exposure.

Has this bird been routinely exposed to second-hand tobacco smoke or any other potentially hazardous substances in your home that might contribute to health problems later in the bird's life? Yes No

If yes, please provide details of the exposure.

Does this bird have a microchip implanted? Yes No

If yes, please attach any documentation.

Has this bird been DNA or surgically sexed? Yes No

If yes, please attached any certificate.

Please provide a brief health and medical history including any injuries, surgeries, or medication regimen that occurred while this bird was in your care.

Have you experienced any behavioral problems with this bird? Yes No

If yes, please provide details as to when it started, nature of the problem, and any remedial efforts.

Please describe this bird's daily diet including specific brands, types, amounts, how prepared, and approximate time(s) given.

Pellets

Seeds

Nuts

Treats

Fruits

Vegetables

Vitamins/Supplements

What is this bird's favorite foods and snacks?

NOTE: The process of finding a new home can be made considerably less stressful for this bird if the things it is familiar and comfortable with, such as it's cage, food/water bowls and toys, etc. accompany it.

Do you plan to provide any of the following items along with the bird?

Cage Yes No

If yes, Brand/Model _____ Height _____ Width _____

Depth _____

T-Stand Yes No

Playstand Yes No

Travel cage Yes No

If yes, Brand/Model _____ Height _____ Width _____

Depth _____

Other (describe)

Where is this bird's cage located in your home?

Is there a window near the cage? Yes No

At what times is this bird kept in the cage?

At what times is this bird out of the cage?

How many hours per day is the bird normally out of it's cage?

Weekdays _____ Weekends _____

How many hours per day is the bird normally left alone?

Weekdays _____ Weekends _____

What are this bird's favorite activities when out of the cage?

How do you normally remove this bird from it's cage?

Does this bird generally "step-up" well? Yes No

Is this bird stick trained? Yes No

If no, has this bird ever displayed a fear of sticks? Yes No

Has this bird ever been toweled? Yes No

If yes, under what circumstances?

What time of day is bedtime for this bird?

Weekdays _____ Weekends _____

What time of day does this bird wake up?

Weekdays _____ Weekends _____

Do you cover this bird's cage at bedtime? Yes No

Describe this bird's favorite toys.

Do you bathe this bird or does it bathe itself? Yes No

If yes, how often and what bath method does this bird prefer?

Are you the primary caregiver for this bird? Yes No

Are you, generally speaking, this bird's favorite person? Yes No

Has this bird ever show a gender preference in its favorite person? Yes No

If yes, this bird prefers Males Females.

Has this bird ever displayed aggressive behavior toward persons of the opposite gender?

Yes No

When left alone, this bird is normally IN OUT of it's cage.

Is a TV or radio left on when the bird is left alone? Yes No

Are the lights left on when the bird is left alone? Yes No

Does this bird talk? Yes No

If Yes, please list it's favorite words or phrases.

If Yes, does this bird use any offensive words? Yes No

Is there anything else that you feel we will need to know about this bird?

What are your current plans as to how and when you will transport the bird for delivery?

Thank you for taking the time to complete this form. The more we know about your bird the better prepared we can be to give it the very best possible care and find the right adoptive placement for it. The information from this form is passed along to the adoptive home, with your personal information kept confidential, so it benefits the bird for a long time to come. We would like to offer you a space here for any note you would like to pass to the adoptive home. If you feel comfortable you may leave a note for them below, and if you do not there is no need to do so.
