



Shelter # A_____

For Staff Use

Animal's Name:	Age:	Sex:
Breed/Type:	Colour:	
ID <input type="checkbox"/> Band # _____		

INCOMING AVIAN HISTORY SHEET

Please check all that apply

Your Bird

My bird's name is: _____

My bird's gender is: Male Female

My bird's wings are clipped: Yes No

Date of last veterinary visit and reason: _____

My bird has medical issues: Yes No

If yes, please explain: _____

Name of veterinary clinic: _____

History

I have had my bird for: _____ years _____ months My bird has had other owners: Yes No

My bird was acquired from: Friend, relative or neighbour Newspaper Internet

Pet Store Breeder Born in my home Found as a stray – when? _____

Ottawa Humane Society Other shelter or placement partner Name: _____

Other: _____

Reason for Surrender

Too many Moving Vocal Aggressive Too messy Cost Allergies

Other: _____

Environment

My bird has lived with other pets: Yes No

If yes, what breed/species were the other pets? _____



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My bird likes to be handled: Yes No

If no, please explain: _____

My bird has lived with children: Yes No

If yes, what ages were the children: _____

My bird received regular nail trims: Yes No

My bird requires regular beak trimming: Yes No

My bird's living environment was the following: In a cage at all times Caged only at night Free in the home

Other: _____

If caged, how often was your bird let out for exercise? Daily 2-4 times a week Weekly

Very occasionally Never

Diet

My bird's diet is: Seed-Based Pelleted /Extruded Brand of food? _____

My bird is fed fruit and vegetables: Yes No

If yes, what types? _____

My bird's favourite treats are: _____

My bird is fed _____ times daily.

My bird is fed the following amount per feeding: _____

My bird is: Hand-fed Hand Tame Neither

Litter Habits

My bird's cage is cleaned: Daily Twice a week Once a week

What type of litter was used? Newspaper Shavings Corncob Shredded paper

Other _____

Behaviour

My bird talks: Yes No

If so, what does he/she say? _____

My bird likes the following toys/enrichment items: _____

My bird's reaction to children is: Not exposed Accustomed to active children Avoids children

Accustomed to calm children

My bird prefers: Women Men Children No preference



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My bird's behaviour is:

- | | | | |
|------------------------------------|---------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Calm/Relaxed | <input type="checkbox"/> Playful/Active | <input type="checkbox"/> Social |
| <input type="checkbox"/> Shy/Timid | <input type="checkbox"/> Nervous | <input type="checkbox"/> Quiet | <input type="checkbox"/> Not Social |

My bird has special/unique habits which are: _____

My bird has scratched or bitten a person to draw blood? Yes No

If yes, please provide details: _____

Please provide any other information that you think we should know: _____

Thank you for completing this questionnaire!

We know that giving up your pet is not an easy decision and we promise to do our best.