



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*

### My Bird

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Gender:  Male  Female

Clipped wings:  Yes  No

Past or present medical conditions:  Yes  No

*If yes, what are they?*

Currently on medications (please specify)? \_\_\_\_\_

Currently on a special diet (please specify)? \_\_\_\_\_

Name of the veterinary clinic: \_\_\_\_\_

### History

Time caring for my bird: \_\_\_\_\_ years \_\_\_\_\_ months    My bird has had other owners:  Yes  No

My bird was acquired from:  Ottawa Humane Society  Found/Stray  Pet Store

Friend/Relative  Online

Placement group – Name of group? \_\_\_\_\_

Other animal shelter – Name of shelter? \_\_\_\_\_

Breeder – Name of breeder? \_\_\_\_\_

Other: \_\_\_\_\_

### Reason for Surrender

Moving (unable to bring bird)  Cost of having a pet  Pet is ill/injured  Aggressive

Behaviour issue (please specify): \_\_\_\_\_



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- Too many animals                       Unable to dedicate necessary time  
 Other (please specify): \_\_\_\_\_

**Environment**

My bird has lived with other pets:       Yes       No  
*If yes, what breed/species were the other pets?* \_\_\_\_\_

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 is fed the following times daily:       Once       Twice       Three or more

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 \_\_\_\_\_



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**Behaviour**

My bird talks:  Yes  No

If so, what does he/she say? \_\_\_\_\_

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

My bird's behaviour is:

Friendly  Calm/Relaxed  Playful/Active  Social  
 Shy/Timid  Nervous  Quiet  Not Social

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

If yes, please provide details: \_\_\_\_\_

My bird has the following special/unique habits: \_\_\_\_\_

Please feel free to tell us any additional helpful information (favorite toys/games/treats, bad habits, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.