

BVSc MANZCVS (veterinary behaviour) CMAVA

BIRD QUESTIONNAIRE

Please answer the following questions as thoroughly as possible to help describe the environment, social interactions, history and behaviour of your bird.

This will help determine the possible cause(s), prognosis and management plan for their behaviour problem(s).

If you have more than one pet with a problem, please fill out one form for each.

Bring the questionnaire to your appointment, or if you are having a phone consultation, please fax, mail or email it before your scheduled appoinment, along with a video of your pet in it's regular environment. If your bird is showing aggressive behaviour, please do not provoke this in order to video.

Your Details

Your name:	
Address:	Post code
Home Ph:	
Mobile Ph:	
Email:	
Pet's name:	
Species:	
Date of Birth:	Age:
Weight:	
Sex?: Male/Female	Method of sex determination

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Who is your regular veterinarian? Dr:	
Clinic:	
Addr	ess:
Phon	e:
Fax: _	
Emai	:
Who referred you (if differs from above)	?:
Your Bird	
From where was your bird acquired? (bro	eeder, newspaper ad, pet shop, friend, shipped etc)
Was your bird wild caught, hand-raised o	r raised by a domsestic parent?
Why did you choose this particular specie	es?
How many birds did you have to choose	from?
Who chose this particular bird and why?	
At what age did you get the bird?	
When you took the bird home, was it stil	I being hand fed or was he weaned?
Was he sexually mature?	
Did you visit him often before you took h	im home?
Has the bird had other owners?	
If so, do you know why the bird was re-h	omed?
Have you owned birds before?	
Have you owned other pets before?	

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Routines
When is your bird fed?
What is your bird fed?
Who feeds your bird?
List your bird's favourite toys, activities and treats in order of preference:
Please describe (or draw) your bird's cage, including what it is made of and size:
Please list the furnishings and contents of the cage:
Trease list the furnishings and contents of the eage.
What proportion of time does your bird spend inside the cage?
Please describe the average day of your bird including how long he is doing each activity:

Please describe (or draw) the position of the bird's cage in the house, as well as any other play areas, and where your family members spend time
Place yourself where the bird's cage normally is and describe all that you see and hear, in all directions including above and below.
How much time does your bird spend alone?
What occurs in your home when the bird is alone (what can he see, hear)?
Do you play with your bird? If so, how?
Does your bird respond to any commands?
Does your bird know any tricks or been trained?
Does your bird have a separate sleeping/night time place? If so, please describe:
When are the lights turned off in the area where the bird is at night?
When is it light in the morning?Is it dim or bright, natural or artificial?
Are there smokers in your house and if so, do they smoke in the bird's area?
Describe any other sources of odour, fumes or smoke in your house:
Do you bathe your bird? How often and in what way?

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Do you dry your bird after bathing? How?
How does your bird behave when you leave the house?
How does your bird behave when you return?
Where is your bird when you have guests?
Why?

Vour	home
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Describe vour	nome environmer	t (rura). City	. abartment	. window views	to other birds e	21C)

Have you moved home since acquiring the bird? If yes, how often?

Describe the people who live in your home, including ages, relationship to you and occupations:

name	age	relationship	occupation

Do you have any other pets? Please provide type, name(s) and age(s):

name	species	breed	Age obtained	Age now	Sex/desexed

How does your bird get along with them?

How would you describe your relationship with your bird?

Who does the bird seem to prefer?

Who does the bird appear to dislike?

Who spends most time with the bird and when?

Who does most of the care of the bird?

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Medical History Are you planning to breed from your bird, or has the bird ever been bred from? Is your bird on any preventative medicine (e.g. worming, vitamins etc)? Give a brief medical history, including any medication your bird is currently on: Is your bird on any medication for behavioural reasons (including herbal treatments such as Rescue Remedy)? Has he been on any medication for behavioural reasons? What has the response been to any behavioural medication?

Your bird's behaviour:

Please describe your bird's behaviour in detail when presented by the following scenarios (e.g. does he avoid, hesitate, bite, screech etc). **Do not test your bird if you are unsure or concerned about the possible reaction:**

possible reaction:
You offer your hand for stepping onto:
You allow your bird on your shoulder:
 When petted: on the back: on the head: over the tail: under the wings: When restrained?
Is there a difference in response to children and adults, males or females etc?
Does your bird show fear to noises (such as thunderstorms, fireworks, loud trucks, vacuum cleaner etc.)
Does your bird preen himself excessively?
Does your bird make nests?
How active is your bird? Low activity average high excessive

The Problem

Please describe your main concern about your bird's behaviour:
Any other behaviour concerns? 2
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Why is the behaviour a problem?
When did your first notice the problem?
Is it worsening in frequency or intensity?
Please describe the last 3 incidents in detail, including dates if possible:
Most recent:
Second to last incident:
Second to last incident.
Third to last incident:
What have you done to try and change the behaviour?

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What has been the response to your methods?
How often does the behaviour occur (e.g. how many times daily, weekly, monthly)?
Problem 1:
Problem 2:
Problem 3:
Problem 4:
How do you discipline your bird for this or any other problem?
Did you notice any triggers for the behaviour?
Can you think of any factors that may have coincided with the onset of the problem?
Can you predict when the problem is likely to occur?
What is your goal for treatment?
Please describe how you feel right now about the problem, the severity of it, how it is affecting your
life and what is likely to happen if the problem can't be changed.
Please offer any other information you feel may be relevant: