

Behavior Fact Sheet -- Avian

INSTRUCTIONS: The owner(s) should fill out pages 1-4 thoroughly yet concisely. **PLEASE ANSWER EACH QUESTION DIRECTLY ON THIS FORM IN THE SPACE PROVIDED. LIMIT ADDITIONAL INFORMATION TO ONE TYPEWRITTEN PAGE IF NECESSARY.**

Date:

Recorder:

Name & Address of Owner:

Telephone:

Fax:

Email:

Name of bird:

Breed:

Age of bird now:

Age at which bird was acquired:

Weight:

Color:

Sex:

Origin of bird:

Wild caught:

Captive bred:

Hand raised:

Date of last physical examination:

(Please include copies of any relevant medical records and/or bloodwork)

Medical problems:

Any current medications:

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Number of birds in the household:
cagemates: in the same area: in other rooms:

Food:

How long is the bird usually alone:
for _____ hours/day for _____ days/week

Is the bird normally confined to a cage:

a) yes:
 sometimes: always:
 when or why:

how long: _____ hours/day
size of cage: _____ x _____ x _____
equipment provided in the cage:

b) no (please describe housing conditions):

Description of Problem Behavior:

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Age when animal first began showing problem:

Frequency and Duration / Changes in Pattern / Anything that seems to trigger the behavior:

Corrections or medical therapy applied to date:

Describe a typical 24-hour day in your bird's life:

How did you hear about Tufts Animal Behavior Clinic and the Petfax service?

Please provide your local veterinarian's contact information: