

Medical Record #:

Animal's Name:

Owner:

Species:

Age:

Sex:

Phone:

Email:

VMR153_AvianBehaviorHistory | UPDATED 12/05/22

UTCVM VETERINARY MEDICAL CENTER

AVIAN BEHAVIOR HISTORY

Today's Date:

Owner's Name:

UTCVM Patient #:

Date/Time of appointment:

ANIMAL BEHAVIOR CLINIC, UTCVM VETERINARY MEDICAL CENTER • JULIE ALBRIGHT, MA, DVM, DACVB & RACHEL LEES, LVMT, VTS BEHAVIOR
2407 River Drive, Room C247, Knoxville TN 37996-4544 phone: 865-974-8387 email: vetclientservices@utk.edu

PATIENT INFO

Pet's name:	Species:
Age:	Date of birth:
Sex:	Gender confirmed by (check one) <input type="checkbox"/> DNA <input type="checkbox"/> Surgery <input type="checkbox"/> Other:

OWNER INFO

Last name:	First name:	
Address:		
Circle preferred contact method below:	Email:	
Phone Numbers: Home:	Cell:	Work/Day:
Who is your regular veterinarian? Dr.	Did someone other than your vet refer you? If so, who?	
Clinic Name:		
Street:		Phone:
City/State/Zip:		
Last visit date:	and reason(s):	

BEHAVIOR HISTORY

Problem (brief description, detailed information on next page)	Age at which problem began	Frequency	Severity (check one)	Is it getting better or worse?
			<input type="checkbox"/> Very serious <input type="checkbox"/> Serious <input type="checkbox"/> Not serious	
			<input type="checkbox"/> Very serious <input type="checkbox"/> Serious <input type="checkbox"/> Not serious	
			<input type="checkbox"/> Very serious <input type="checkbox"/> Serious <input type="checkbox"/> Not serious	

Please mail, fax, or e-mail this completed form at least 3 days prior to your appointment. Thank You.

BACKGROUND

Have you owned birds before? Which species?

Source of bird?

How many clutchmates?

Why did you select this particular bird?

Was the bird hand-raised? Yes No

Starting at what age?

How old was the bird when first acquired?

How long have you had this bird?

Any previous owners? Yes No Why was bird given up?

MEMBERS OF HOUSEHOLD

List all members of your household and their schedules:

Name	Age	Average # of hours away from home per day	Time spent with bird

Please list ALL the animals in the household IN THE SEQUENCE THEY WERE OBTAINED.

Name	Species	Breed	Sex	Age	Interaction with bird

Are any other pets or family members ill?

ENVIRONMENT

Type of dwelling (house or apartment) and approximate square footage:

Do you have electric or gas heat? Gas Heat Electric Heat

At what temperature is the house kept? °F

Is the bird exposed to aerosols or cigarette smoke? Yes No

Do you use an exterminator? Yes No

Have you moved since acquiring your bird? Yes No

Have there been any recent changes to the physical environment? (new people or pets, new furniture, cage, cage location, etc.) Yes No
If yes please describe:

HOUSING

Describe the location(s) where the bird is kept. Is the location varied? Yes No

Describe the **primary enclosure**:

Dimensions:

Substrate:

Perches:

Hide:

Other locations:

Where does the bird sleep?

List the toys available to the bird in order of preference: (include color, size, shape, and texture)

ACTIVITY

How much time each day does the bird spend outside of the cage?

How much time each day is the bird exposed to sunlight?

What percentage of time is spent outdoors?

In a cage?

On a perch?

On a screened patio?

Supervised outdoors: Yes No

How much time each day is spent interacting with people?

How and how often do you play with your bird?

GENERAL BEHAVIOR

Does your bird ever appear to be afraid of any particular items or situations? Describe the situation(s).

What is your bird's reaction to the following situations?

The veterinary hospital:

Familiar adults:

Familiar children:

Unfamiliar guests:

In the cage:

Outside the cage:

When you leave:

When you return:

During car travel:

Approaches to cage:

Removal from cage with hand or perch:

Being placed back in cage:

Approaching while eating:

Stroking or petting:

Leaning over bird:

Raising hand over bird:

Staring at bird:

Being disturbed while resting:

Hugging or kissing the bird:

Does your bird tear up items? Under what circumstances?

FEEDING

Brand of Food:		Amount fed per day:		
Fed when and by whom?				
Other foods offered:	Consumed?	How often?	%	age of diet
Seed:				
Vegetables:				
Fruits:				
Carbohydrates: (pasta, bread, cereal)				
Proteins: (meat, eggs, cheese)				
Snacks:				
Are any dietary supplements used? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has there been a change in your bird's appetite? <input type="checkbox"/> Yes <input type="checkbox"/> No		

SLEEPING AND BATHING

Where does the bird sleep?	
Between what hours does the bird sleep?	Does this vary? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the photoperiod (hours of light each day) natural or regulated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How many hours of light is the bird exposed to during a 24-hour period?	
Do you provide regular opportunities for bathing? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where and how?	Does your bird enjoy baths? <input type="checkbox"/> Yes <input type="checkbox"/> No

REPRODUCTION

Has the bird ever been used for breeding? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your bird have access to other birds?		
Visual	Physical	Auditory
Are there any other nesting birds in the environment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your bird do any of the following? If so, how often?		
Protect cage, toys, food, mirror		
Nest building		
Regurgitate		
Hide in dark places		
Bend over and fan tail		
Masturbate		
Mother toys		

TRAINING

Does your bird know any commands? Which ones?

Does your bird mimic or vocalize? Yes No

Who is the primary trainer?

Do you have regular training sessions with your bird? Yes No

Do you use rewards? If so, what types?

Do you correct or discipline your bird? Yes No

MEDICAL

When was your bird's last health examination?

Do you have your bird's wings trimmed? How often?

Give a brief medical history:

List medications your bird has taken in the past:

List current medical problems:

List current medications:

STEREOTYPIC BEHAVIOR

Does your bird engage in feather plucking or self-mutilatory behaviors? Yes No

Does your bird pace back and forth in the cage? Yes No If yes, when did the problem begin?

What percentage of the time does the bird engage in this behavior?

Was any particular event associated with the onset of the behavior?

When is the behavior most intense? (season, time of day, presence or absence of certain individuals, particular locations)

What is the bird's attitude while performing the behavior?

Can you interrupt the behavior? If so, how?

What have you tried doing to correct the problem? Has any treatment been effective? Yes No

Has there been a change in the frequency or appearance of the behavior? Yes No

Describe in detail a recent episode:

AGGRESSIONHas your bird ever bitten a person? Yes NoHas your bird ever bitten another bird? Yes No

When did the first bite occur?

List the total number of bites:

Who were the victims of the attacks?

	Date of occurrence	Person(s) present	Signs displayed by bird	Location	Circumstances
Describe the first aggressive episode:					
Describe the second most recent aggressive episode:					
Describe the third most recent aggressive episode:					

Your bird (check all that apply):

 Attacks without warning Screams before attacking Attacks primary caregiver Attacks only unfamiliar individuals Raises feathers Extends neck Retreats after biting Bites once and lets go Bites multiple times Does not let go Attacks only near the cage Attacks only near the primary caregiver Inflicts injuries requiring medical attention**VOCALIZATION**Do you consider excessive vocalization to be a problem for your bird? Yes NoDoes your bird chatter or scream? Yes No

When did the problem begin?

When does the behavior occur?

When is the behavior most intense?

Has there been a change in the frequency or intensity of the behavior? Yes No

How do you react to the screaming?

Have you tried anything to correct the behavior? Yes No If yes, has any intervention been effective?

Describe in detail a recent episode:

Completed by Owner/Agent – No Signature Required - Please mail, fax, or e-mail this completed form at least 3 days prior to your appointment. Thank You.

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