



FLORIDA VETERINARY BEHAVIOR SERVICE

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Martin

Animal Eye Specialty Clinic
2239 S. Kanner Hwy
Stuart

Palm Beach

Animal Eye Specialty Clinic
4321 Forest Hill Blvd
West Palm Beach

Broward

Coral Springs Animal Hospital
2160 N University Drive
Coral Springs

Miami-Dade

Animal Eye Specialty Clinic
20290 NW 2nd Ave
Miami

AVIAN QUESTIONNAIRE

OWNER INFORMATION

Owner name: _____

Address: _____

Home phone: _____

Work phone: _____

Fax: _____

Email: _____

How did you find out about us? _____

Who is your pet's primary care veterinarian? _____

Clinic name: _____

Phone number: _____

PATIENT INFORMATION

Pet's Name: _____ Species: _____ Date of Birth: _____

Sex: M F Unknown

How old was your bird when you first acquired him/her? _____

Where did you get your bird? _____

Why did you get this bird? _____

Has this bird had other owners? Y N If yes, how many? 1 2 3 4
Unknown

Why was the bird given up by the previous owners? _____

Why did you choose this bird over the others? (Please be specific)

Briefly describe your bird's behavior as a young bird (e.g. activity level, response to instructions):

BEHAVIORAL HISTORY

What are the primary problems for which you are seeking help?

- 1.
- 2.
- 3.
- 4.

Has the frequency or intensity of the undesirable behavior changed since the problem started? ____

Y ____N

If so, how and when?

What are your goals for this consultation (please be specific)?

BEHAVIOR HISTORY

Please list your bird's primary behavior problems and other problems (multiple problems may respond best with repeated visit).

Please give us a detailed description of significant representative events of each problem. Please include the location, bird's body postures, any people present, any triggers, your reaction, and the final outcome. This information is critical in diagnosis of the behavior problem(s).

Most recent incident – Date: _____

2nd most recent incident – Date: _____

3rd most recent incident – Date: _____

BITE HISTORY

If your bird has ever bitten anyone, please list the total number of bites:

0 1 2 3 4 5 >5

Please list the number of bites that broke skin:

0 1 2 3 4 5 >5

BEHAVIOR SCREEN

For each situation listed circle your bird's reaction.

Prolonged stare at bird

N/A

No reaction

Bite

Tries to escape

Vocalize

Scream

Reach toward bird

N/A

No reaction

Bite

Tries to escape

Vocalize

Scream

Reach over bird's head

N/A
No reaction
Bite
Tries to escape
Vocalize
Scream

Bend over bird
N/A
No reaction
Bite
Tries to escape
Vocalize
Scream

Pet bird

N/A
No reaction
Bite
Tries to escape
Vocalize
Scream

Hug bird

N/A
No reaction
Bite
Tries to escape
Vocalize
Scream

Kiss bird

N/A
No reaction
Bite
Tries to escape
Vocalize
Scream
Lift bird

N/A
No reaction
Bite
Tries to escape
Vocalize
Scream

Roll bird over onto back

N/A
No reaction
Bite
Tries to escape
Vocalize
Scream

Trim nails

N/A
No reaction
Bite
Tries to escape
Vocalize
Scream

Speak to bird in normal tone

N/A
No reaction
Bite
Tries to escape
Vocalize
Scream

Give bird verbal cues (e.g. “step up”)

N/A
No reaction
Bite
Tries to escape
Vocalize
Scream

Scold bird verbally

N/A

No reaction

Bite

Tries to escape

Vocalize

Scream

Approach bird while eating

N/A

No reaction

Bite

Tries to escape

Vocalize

Scream

Touch bird while eating

N/A

No reaction

Bite

Tries to escape

Vocalize

Scream

Take objects / “stolen” objects / toys

N/A

No reaction

Bite

Tries to escape

Vocalize

Scream

Remove object from bird’s mouth

N/A

No reaction

Bite

Tries to escape

Vocalize
Scream

Approach when bird is near toy / object

N/A
No reaction
Bite
Tries to escape
Vocalize
Scream

Approach bird while playing with toy

N/A
No reaction
Bite
Tries to escape
Vocalize
Scream

Approach bird while on furniture

N/A
No reaction
Bite
Tries to escape
Vocalize
Scream

Approach/disturb bird while sleeping

N/A
No reaction
Bite
Tries to escape
Vocalize
Scream

Punish physically (hit with hand or object)

N/A
No reaction

Bite
Tries to escape
Vocalize
Scream

Restrain

N/A
No reaction
Bite
Tries to escape
Vocalize
Scream

Threaten to hit bird visually

N/A
No reaction
Bite
Tries to escape
Vocalize
Scream

Behavior at vet clinic (in exam room)

N/A
No reaction
Bite
Tries to escape
Vocalize
Scream

Enter or leave room bird is in

N/A
No reaction
Bite
Tries to escape
Vocalize
Scream

Approach bird when near spouse or family member

N/A
No reaction
Bite
Tries to escape
Vocalize
Scream

Response to babies or toddlers

N/A
No reaction
Bite
Tries to escape
Vocalize
Scream

Raises voice (someone) to owner in presence of bird

N/A
No reaction
Bite
Tries to escape
Vocalize
Scream

Hugs/touches (someone) owner in presence of bird

N/A
No reaction
Bite
Tries to escape
Vocalize
Scream

Please list any specific stimuli (i.e., men, umbrellas, noises) your bird seems to be afraid of:

TREATMENT

Please circle the items below that were recommended and/or attempted.

Stare at or “stare down” Shake crate Get an additional bird as a companion for this one

Buy different types of bird toys Shake or throw a can Water pistol / spray

Interrupt behavior with loud noise Hit bird Growl at bird Yell at bird

“Time out” Praise for good behavior Increase play Decrease play

Give treats for good behavior Shake cage Anything else that was tried?

Please list below any medical treatment to correct the behavioral problem. Include all medications.

HOME ENVIRONMENT

How many people are in your household?

Are there any children in your household?

Please list all the animals in the household in the sequence they were obtained:

Has your household changed since acquiring your bird? ___Y ___ N

If so, how?

DAILY SCHEDULE

How many hours in a 24 hour period does your bird spend inside the house? _____

How many times is your bird outside (including screened in areas) each day (*circle one*)?

0 1 2 3 4 5 6 7 8 >8

On average, for how long? _____

Does someone go out with the bird? Yes No

How many hours per day does your bird spend outdoors unsupervised? _____

How many hours per day does your bird spend indoors unsupervised? _____

Where is your bird when alone?

 Confined to a cage behind a closed door

 Confined to a cage in an open area

 In a cage on a porch or outside

 Other _____

Where is your bird when you are home?

 Free run of the house

 Confined to a cage behind a closed door

 Confined to a cage in a main traffic area

 On a play gym

 On someone's shoulder

 Other _____

Does your bird follow a certain household member around? Yes No

 If so, who? _____

Where is your bird when you have guests? Please indicate whether this is by choice, or whether you put him/her there.

How do you play with your bird?

 Fetch with a thrown toy

 Hide and seek

 Petting

 I do not actively play with my bird

How long does each episode of play last, on average (in minutes)? _____

Does your bird interact with any other birds on a regular basis? Yes No

Please describe, how you prepare to leave the house when the bird will be left alone. Note whether you ignore your bird, or whether you make a fuss over him or her.

How does your bird behave as you prepare to leave?

How does your bird behave when you return?

Where does your bird sleep?

In a sleep cage

In its own cage

On its own bed in another room

In a crate in your bedroom

In a crate in another room

On the floor next to your bed

In another room, voluntarily

In another room, because s/he is

restricted from your bedroom

In another room, confined by a gate or door

Other (Please be specific) _____

DIET AND FEEDING

What do you feed your bird? (Please be specific, i.e. brand name) _____

How many meals is your bird fed each day?

1 2 3 4 Free choice (food available all the time)

Amount of food? _____

Who feeds the bird? _____

If other animals eat at the same time, describe the arrangement (e.g. same room, separate rooms, etc.)

Do you feed your bird treats each day? Yes No

Does someone have to be present for your bird to eat? Yes No

Is water available to your bird 24 hours a day? Yes No

If no, why not?

MEDICAL HISTORY

Has he/she ever been bred? Yes No Unsure

Are you planning to breed your bird? Yes No Unsure

Please list your pet's current and previously diagnosed medical problems and how they were treated.

TRAINING

Age when bird started lessons/training? _____

Who is the primary trainer in the family? _____

Before consulting with the Florida Veterinary Behavior service, did you

Consult a non-veterinary behavior consultant? Yes No

Name of consultant: _____

Consult your veterinarian? Yes No

Consult a trainer? Yes No

Name of trainer: _____

60. What learned cues does the bird know and how well (*Place circle how well your bird does*)

Step Up	Perfect	Usually OK	Needs Work	Not taught
Cage (return to cage)	Perfect	Usually OK	Needs Work	Not taught
Wave	Perfect	Usually OK	Needs Work	Not taught
Fetch	Perfect	Usually OK	Needs Work	Not taught
Stay	Perfect	Usually OK	Needs Work	Not taught
Heel (not pulling)	Perfect	Usually OK	Needs Work	Not taught
Fetch	Perfect	Usually OK	Needs Work	Not taught
Drop it	Perfect	Usually OK	Needs Work	Not taught

Other:

Any additional comments about your bird's training?

MISCELLANEOUS

Does your bird groom, or bite himself?

Never Rarely Frequently
 What parts of his/her body?

What is your bird's activity level in general?

Low Average High Excessive

Why have you kept the bird despite its behavior problem?

82. Have you considered finding another home for this bird? Yes No

83. Have you considered euthanasia (putting your bird to sleep)? Yes No
84. Did someone recommend euthanasia before your visit here? Yes No
85. If you think it would help us to understand your bird's problem, please sketch or attach a map of your house or the relevant areas of your house (i.e., locations of bird beds, fences, etc.)