



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.