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Sydney Animal Behaviour Service



BIRD QUESTIONNAIRE

Please answer the following questions as completely as possible and bring the completed form with you at the time of your appointment. If you have a Telephone Consultation scheduled, please either mail or fax the completed form to us, prior to that time along with a video of your pet. This video should be a “day in the life” of your pet- where it eats, sleeps and plays. It should NOT contain any episodes of aggression if that is the problem.

The completed behaviour record helps us to assess the environment, social interactions, and behaviour of your bird, and hence determine the possible cause(s), prognosis and specific treatment protocol for their problem(s). Specific questions about the problem behaviour(s) will be asked during your visit/telephone call.

GENERAL INFORMATION

Your Name: _____
Address: _____
Home Ph: _____
Mobile Ph: _____
Email: _____
Post Code: _____
Work Ph: _____
Fax: _____

Bird's Name: _____
Species: _____
Date of Birth: _____
Weight: _____
Age: _____

Sex: Male Female
Method of Sex Determination: _____

How did you hear about us?

Who referred you? _____

Who is your regular Veterinarian?

Dr: _____

Clinic Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

BIRD'S BACKGROUND

Why did you decide to acquire a bird?

Where did you get this bird?

- Friend Shipped A Show
 Pet Store Breeder – Newspaper Ad Breeder –Referral
 Other: _____

My bird was: Wild Caught Domestic parent raised Hand Raised

Why did you choose this particular species?

How old was this bird when you acquired it? _____

When you took it home was it:

- Still being hand fed Just Weaned
 Weaned a while but Sexually Immature Sexually Mature

How many animals did you have to choose from?

Why did you choose this bird over the others? (please be specific and tell us who chose the pet and why):

Prior to bringing your bird home did you visit him/her?

Never

Occasionally

Frequently

Other than the breeder or pet store, has this bird had other owners?

Yes

No

If yes, how many? _____

Why was the bird given up?

Have you owned birds before?

Yes

No

Have you owned other pets before?

Yes

No

What happened to your last bird?

ENVIRONMENT

Please describe your bird's cage including material (eg powder coated, gavanised) and size:

Please list all of the furnishings and contents of the cage:

How many hours per day does your bird spend in the cage?

Describe other areas where your bird spends time. How much time does your bird spend in each of these areas?

What toys does your bird have access to?

Please draw a map of your house and put in the location of the bird's cage, play area, as well as areas where family members spend time.

Move the bird's cage and stand/sit at bird height in the normal location of the cage. Describe everything you see and hear in all directions, including up and down. Better yet, photograph or videotape this.

How many hours per day is your bird alone?

What sights, sounds and other stimuli are available to your bird while you are gone?

Does your bird have a separate 'night' area? Yes No

If Yes, Please Describe:

When are the lights in the bird's area turned off at night?

When does light first come in the morning?

How would you describe the light intensity:

Bright Dim Moderate

Describe your bird's diet in detail. Please include brand names of prepared foods:

What are your bird's preferences?

What is your bird's feeding schedule?

What are your bird's favourite treats?

Are there any smokers in the household? Yes No

Do they smoke around the bird?

Are there other sources of odours or fumes in the household?

How often and in what way is your bird bathed?

Do you dry the bird following a bath? How?

MEDICAL HISTORY

Has your bird ever been bred? Yes No

Are you planning to breed? Yes No Unsure

Is your bird on any preventative medication such as worming treatments, vitamin supplements, etc.?
 Yes No

If Yes, please list all medications including dose and frequency

Does your bird have any current or recurring medical problems? (Please Describe)

Is your bird on any medication *now* for any medical problems? (ie cortisone, anti-biotics.)

Yes No

If Yes, please list all medications including dose and frequency, what they are for, and expected completion date:

Has your bird been on any medication *in the past* for any medical problem?

Yes No

If Yes, please list all medications, what they were for, and when your bird was last dosed:

Is your bird on any medication now for its behavioural problem? (Include herbal supplements etc.)

Yes No

If Yes, please list all medications including dose and frequency:

What response has there been to each medication?

HOME ENVIRONMENT

Please list the people, including yourself, living in your household:

Please mark with an asterisk () all who will be attending the consultation including yourself, and note any other people that may be coming with you (eg friend, trainer, etc.)*

NAME	OCCUPATION	HRS AWAY FROM HOME	AGE

Who does the primary maintenance of the bird?

Who spends the most time with the bird?

When?

Who does the bird appear to prefer?

Who does the bird appear to dislike?

Please list all of the animals, **including the one you are bringing in to see us**, in your household.

Name	Species	Breed	Sex/Desexed	Age Obtained	Age Now

In what sequence were the above animals obtained?

(Please number the animals in the table above)

What is your bird's relationship to the other animals? (eg. friendly, hostile, fearful)

Please describe:

What type of area do you live in?

City/Town

Suburbs

Rural

What type of house do you live in?

Apartment – studio or 1 bedroom

Apartment – 2+ bedrooms

Townhouse/Duplex/Attached house

House – Single Family

Other: _____

Has your household (people or animals) changed since acquiring your bird?

Yes

No

If Yes, please describe:

Have you moved since acquiring your bird? Yes No

If Yes, how many times? _____

How long since the last move?

BIRD'S BEHAVIOUR

Would you say that your bird steps on your hand:

Easily Hesitantly Rarely Never

Is your bird allowed on your shoulder?

Often Occasionally Rarely Never

Is your bird 'harness' trained? Yes No

Do you take your bird outside? Yes No

How do you play with your bird?

What are your bird's favourite toys?

What other toys does your bird have?

Does your bird play:

Vigorously Moderately Gingerly

How does your bird behave when you are leaving the house?

How does your bird behave when you return?

Where is your bird when you have guests?

Why?

How does the bird behave with familiar visitors? (children or adults)

How does the bird behave with unfamiliar visitors (children or adults)?

Does your bird talk? Yes No

Vocabulary:

Has your bird had any training?

What commands will your bird respond to?

Does your bird know any tricks? (please describe)

Does your bird like to be petted:

On the Back Yes No

On the Head Yes No

Over the Tail Yes No

Under the Wings Yes No

Other: _____

How well does your bird tolerate restraint?

PRESENTING PROBLEM(S)

Why are you seeking help/advice? What has prompted your visit?

What is the main behaviour problem or complaint?

1.

Why is the behaviour a problem?

Does your bird have any other problem behaviours (please list)

2.

3.

4.

Why are these behaviours a problem?

How frequently does the problem (or problems) occur? (i.e. how many times daily, weekly or monthly):

Problem 1.	_____	Frequency:	_____
Problem 2.	_____	Frequency:	_____
Problem 3.	_____	Frequency:	_____
Problem 4.	_____	Frequency:	_____

Please describe how the problem developed over time (chronology):

When did you first notice the main problem?

When did it become a serious concern?

Why?

In what general circumstances does the bird misbehave?

Has this problem changed in frequency? (please describe)

Has this problem changed in intensity? (please describe)

Has this problem otherwise changed?

How?

Did the secondary problems develop at the same time?

To help us better understand your bird's problem, please describe what occurs when the episodes happen. Try to include as much detail as possible i.e. where it took place, time of day, who was present, what happened etc.

1. Most recent incident: Date:

2. Second to last incident: Date:

3. Third to last incident: Date:

4. What was the first incident: Date:

Any other significant incidents:

What have you done to try to correct the problem so far?

How do you discipline your bird for this or any other problem?

WHICH OF THESE STATEMENTS APPLY TO YOU:

1. I am here only out of curiosity – the problem is not serious
2. I would like to change the problem, but it is not serious
3. The problem is serious and I would like to change it, but if it remains unchanged that is alright
4. The problem is very serious and I would like to change it, but if it remains unchanged I will keep my bird.
5. The problem is very serious and I would like to change it. If it remains unchanged I will have my bird euthanased or have to give him/her up

ANY OTHER COMMENTS?