

THE BEHAVIOR CLINIC

Animal Behavior of Northeast Ohio, LLC

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Avian Behavior Questionnaire

Instructions: All information provided is strictly confidential. Please complete this form by typing in the blanks provided and return it no later than 2 days before your pet's appointment. In order to reach an accurate diagnosis and correctly treat your pet's problem the specific information requested in this form is needed by the Doctor. We do understand that you may have recently acquired this pet or not know the answer to a question – just complete it to the best of your ability given the knowledge you have. If there is a problem completing the form as provided contact the clinic ASAP at 440-334-8534 or email Information@TheBehaviorClinic.com

*Please initial the box indicating consent that payment will be due upon rendering of services.

Please include a recent photo of your pet at the consult.

Date:

Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Dr. ☐ Family Name: First Name:

Address:

City: State: Zip Code:

Phone: (Home) (Work) (Mobile) (Fax)

Email:

All Family Members who live at home, including yourself (Name/Age/Occupation):

Your Veterinarian's Name:

Your Veterinary Hospital's Name:

Your Vet's Address: Telephone Number: Fax Number:

Approximate Date of Last Veterinary Visit:

Have you owned a bird before? Yes ☐ No ☐ If yes, was it this breed before? Yes ☐ No ☐

Please list other current household pets: (Name/ Species (*dog/cat/etc*)/ Breed/ Age/ Sex/ Neuter Status/Weight)

Patient Details:

Bird's Name:

Bird's Species/Breed:

Sex: Female ☐ Male ☐

How was it sexed? ☐ Surgical ☐ Blood Test ☐ Appearance ☐ Behavior ☐

Is your bird neutered? Yes ☐ No ☐ If yes, at what age was this done?

Does your bird have a microchip, tattoo or leg band? Yes ☐ No ☐

If yes, what is the number?

Are your bird's wings trimmed? Yes ☐ No ☐ If yes, by whom?

Where did you get your bird?

How old was your bird when you obtained him/her?

How long have you owned your bird?

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Reason for obtaining this pet:

Was your bird a hand-fed baby? Yes ☐ No ☐

If yes, how old when it was weaned?

Medical History:

Please give a brief medical history, including any recurring problems/treatments. Use additional space if needed.

Do you know anything about your bird's parents (ie. any behavioral or medical problems):

Has any blood testing been done for your bird? Yes ☐ No ☐

When was the last molt?

What vaccinations have been administered?

Has your bird been treated for intestinal parasites and when?

Has your bird been on medication for behavior at any time? Yes ☐ No ☐

If yes, please list drug and dosage:

If yes, is your pet on any medications or supplements currently- which ones:

Environment:

What type of home do you live in? House ☐ Apartment ☐ Town House/Condo ☐

Estimate of home's square footage: How many rooms:

Which rooms does your bird have access to?

Enclosure that your bird is kept in, what room is it in?

Are there any windows nearby that can be seen through from the enclosure? Yes ☐ No ☐

What type is it? Cage ☐ Aviary ☐ (with other birds? Yes ☐ No ☐) Free Flying ☐

If a cage, what is it made out of? *If metal, what type?*

What are its dimensions in inches (height x width x depth)?

How many inches is it from the floor to the top of the cage?

Does your bird have any perches or play gyms? Yes ☐ No ☐ *If yes, where are they located and what are they made out of?*

If there are other birds in cages, where are they located?

Where does each family member spend most of his/her time?

Can your bird see any outside bird feeders from its cage or perches? Yes ☐ No ☐

Can your bird see any unfamiliar animals (ie. dogs/cats/wild an.) outside from its cage? Yes ☐ No ☐

If yes to the above 2 questions, what does your bird do when this occurs?

How many hours each day is your bird out of its enclosure?

What does your bird do when out?

Does it chew on anything inside the enclosure? Yes ☐ No ☐ *If yes, what?*

Does it chew on anything outside the enclosure? Yes ☐ No ☐ *If yes, what?*

Does it chew on anything with paint on it? Yes ☐ No ☐ *If yes, what?*

What accessories are in the enclosure?

What toys does your bird play with?

How often do you change the old toys for new ones?

How often do you give your bird things to chew up and destroy?

How many hours is your bird alone daily?

What kind of lighting is near the cage? Fluorescent ☐ Incandescent ☐ Full Spectrum ☐

How many hours are the lights turned on each day?

How many hours of darkness does your bird get each night?

How many hours of the darkness are completely quiet?

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Do you cover the enclosure at night?

Do you use a night light for your bird?

Has your household changed since acquiring your pet? Death of a pet ☐ Death of family member ☐
Illness ☐ Divorce ☐ Marriage ☐ New baby ☐ College-bound child ☐ Schedule change ☐ Pet
added ☐ Other:

***Please submit a drawn a map of your house on a separate paper (include windows, doors, enclosures, perches, and any other relevant details).**

Bird Husbandry:

What do you feed your bird? Pellets ☐ Seeds ☐ Table foods ☐ Combination (of what?)

What brand of food do you give your bird?

Does your bird eat the foods offered?

How does he/she get treats? In bowl ☐ In hand ☐ In cage ☐ Outside cage ☐

When was the last time you changed your bird's diet in any way and how did you change it?

When do you feed your bird each day?

Who feeds your bird?

Where does your bird's water come from?

How often do you change the water?

How often do you clean the food & water dishes and how?

How often do you clean the cage and with what cleaner?

What material is used to cover the cage bottom?

Can your bird reach the cage bottom material?

How often does your bird take a bath?

How is your bird bathed?

Describe how the bird reacts to a carrier (traveling outside of the home)

Observations: *Please answer the following questions with as much detail as possible.

"What does your bird do....."

..when it eats?

..while you watch it eat?

..when each family member comes near him/her while inside the enclosure (answer for each)?

..when each family member comes near him/her while outside the enclosure (answer for each)?

..when someone outside the family comes near him/her while inside the enclosure?

..when someone outside the family comes near him/her while outside the enclosure?

..if you stare into his/her eyes?

..if a stranger first enters the house?

..when you put a hand into the enclosure?

..when you handle his/her feet?

..when you cut his/her toenails?

..when you want to give medication?

..when you wrap him in a towel?

..when you open the enclosure door?

..when you go to place him/her back in the enclosure?

Does he/she try to get onto your shoulder after being picked up?

Yes ☐

No ☐

If so, what does he/she do while there and how do you get him/her off?

Does your bird defecate when someone comes near him? Yes ☐ No ☐

If so, does this always happen? Yes ☐ No ☐

Does your bird have to chased around the enclosure to get him/her to step up onto your hand?
(describe)

Give approximate times when your bird makes noise:

Does this amount/intensity of noise bother any family members?

Do you avoid grooming or other 'maintenance' work with you bird due to its behavior? Yes ☐ No ☐

Explain:

24 Hour "Day In the Life"

Starting when the earliest family member gets up, detail who feeds and when, where the bird resides, when play occurs, when attention is given, when other animals interact with it, when food is actually eaten, when lighting dims at night, when house is totally quiet, when it is alone and when behavior problems often occur.

4 AM:

5 AM:

6 AM:

7 AM:

8 AM:

9 AM:

10 AM:

11 AM:

12 PM:

1 PM:

2 PM:

3 PM:

4 PM:

5 PM:

6 PM:

7 PM:

8 PM:

9 PM:

10 PM:

11 PM:

12 AM:

1 AM:

2 AM:

3 AM:

Current Problems:

Describe what your bird is *doing* that is a problem to you?

When did it begin (month/season)?

How long has it been present?

Where does the problem occur?

With whom?

How often?

Did the onset of the problem coincide with any event/action?

Other details?

Describe the most recent incident:

- time of day/date
- who was involved
- location
- where was everyone in relation to the bird
- what happened before the incident
- what did the bird do
- describe the bird's body posture
- how everyone responded
- how did the bird respond to this

Describe the second most recent incident:

- time of day/date
- who was involved
- location
- where was everyone in relation to the bird
- what happened before the incident
- what did the bird do
- describe the bird's body posture
- how everyone responded
- how did the bird respond to this

Describe the third most recent incident:

- time of day/date
- who was involved
- location
- where was everyone in relation to the bird
- what happened before the incident
- what did the bird do
- describe the bird's body posture
- how everyone responded
- how did the bird respond to this

How frequently does the problem occur?

times per day

times per week

times per month

times per year

Does the problem(s) occur when you are away from home? Yes ☐ No ☐ *If not, where are you and where is the bird when it occurs?*

Describe *everything* that has been done to correct the problem(s). Include approx. dates, how long it was tried and how well your bird responded. Use additional paper if necessary.

Is the problem getting: Better ☐ Worse ☐ No Change ☐

Do you suspect a cause?

Aggression:

Please answer the questions below if the problem is aggression-related.

Has your bird ever bitten a person? Yes ☐ No ☐ *If yes, did it break the skin?*

Describe the incident in detail (who/when/where/ person's response):

Did the person require medical treatment? Yes ☐ No ☐ *If yes, Hospital? Antibiotics?*
Sutures?

Was the bite reported to the authorities?

Has your bird ever bitten another animal? Yes ☐ No ☐ *If yes, did it break the skin?*

Describe the incident in detail (who/when/where/ people's response to the incident):

Did the animal require medical treatment? Yes ☐ No ☐ *If yes, Vet Clinic? Antibiotics?*
Sutures?

You and Your Pet:

How would you describe your relationship with this bird?

- Adult owners (female):
- Adult owners (males):
- Children:

What are your feelings about the bird's present behavior?

- Adult owners (female):
- Adult owners (male):
- Children:

***The following questions DO NOT mean we are recommending this.**

Under what circumstances would you consider euthanasia?

Have you consider finding a new home for your bird? Yes ☐ No ☐

If yes, why have you not done so yet?

Is there anything else you would like to add about your bird and its behavior?

What other behaviors does your bird engage in that are objectionable to you?

What are your expectations for change?

Questionnaire complete by (please print):

Signature:

Date:

Financial Policy

Thank you for choosing The Behavior Clinic, LLC. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. The Behavior Clinic, LLC requires payment in full at the time of your pet's consultation, exam and/or treatment.

Payment Options:

You can choose from:

- Cash, Check, Visa, Discover, American Express or MasterCard
- Convenient Monthly Payment option by using CareCredit
 - To use Care Credit please apply online at www.Carecredit.com , bring your card or printed account number, drivers license and 1 additional form of ID to your appointment
 - Allows you to begin treatment today and pay over time
 - Available for purchases over \$200.00
 - Can be used repeatedly - for your entire family - without having to reapply

For behavioral health care, a deposit is required. For Consultations, Progress or Technician appointments, a \$50.00 deposit is required at the time the appointment is scheduled. If the appointment occurs as scheduled the \$50 deposit will be credited towards the cost of the appointment. *The deposit is not refundable if the appointment is cancelled for any reason or if you do not show up at your scheduled appointment.* If needed, you can reschedule your appointment up two business days before the scheduled time without penalty. Appointments rescheduled less than 48 hours ahead of time are subject to a \$35 rebooking fee.

Additional Policy Information:

The Behavior Clinic; Animal Behavior of Northeast Ohio, LLC charges \$40.00 for returned checks. There will be an additional Travel Fee (fee based on mileage traveled one way) incurred if a technician travels to your home for a Behavioral Therapy appointment. If you are not present for the appointment you will be charged the total for the appointment including the travel costs.

For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier.

If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available to your pet.

By electronically signing below, you agree to the terms of payment listed above:

- Client/Owner Electronic Signature
- Date
- Pet Name
- Breed