

THE BEHAVIOR CLINIC

Animal Behavior of Northeast Ohio, LLC

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Avian Behavior Questionnaire

*All information provided is strictly confidential. Please fill out this form to the best of your knowledge. The more information you are able to provide, the easier it is to correctly diagnose and treat your pet's behavior problems. Please use additional sheets or the back of these pages where necessary.

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

***Please include a recent photo of your pet with this completed form or bring on to the appointment.

Date: _____

(Mr./Mrs./Miss/Ms./Dr.) Family Name _____ First Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (AM) _____ (PM) _____

(Mobile) _____ (Fax) _____

Email _____

All Family Members who live at home (Name/Age/Height/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, have you owned this species before? Yes No*
Please list other current household pets: (Name/Species (*dog/cat/etc*)/Breed/Age/Sex/Neuter Status)

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Patient Details:

Bird's Name _____

Bird 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? _____

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 sheets 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:* _____

Environment:

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

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

Which rooms does your bird have access to? _____

Enclosure that your bird 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 it's 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?* _____

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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 ans.) 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? _____

Do you cover the enclosure at night? _____

Do you use a night light for your bird? _____

Has your household changed since acquiring your bird? Death of a pet, Death of a 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).**

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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?

Observations continued:

“What does your bird do...”

..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? _____

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Current Problems continued:

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: _____

You and Your Pet continued:

***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: _____



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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 prior to the beginning of your pet's exam or treatment.

Payment Options:

You can choose from:

- Cash, Check, Visa® or MasterCard®
- Convenient Monthly Payment Plans¹ from CareCredit®
 - o Allow you to begin treatment today and pay over time
 - o Available for any treatment amount
 - o Can be used repeatedly - for your entire family - without having to reapply¹

For behavioral health care, a deposit is required. For Consultations or Recheck appointments, a \$50.00 deposit is required to begin your pet's treatment and schedule into our system. This is a non-refundable deposit if adjustments are made to the schedule within 48 hours of the scheduled consult or if there is a failed appointment. If the consultation proceeds as scheduled, this deposit will be credited to the consultation bill.

Additional Policy Information:

The Behavior Clinic; Animal Behavior of Northeast Ohio, LLC charges \$30.00 for returned checks. There will be an additional Travel Fee (fee based on mileage traveled one way) incurred if Dr. Feltes travels to your home and the consultation did not proceed. 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 signing below, you agree to the foregoing terms of payment:

Client/Owner Signature

Date

Client/Owner Name (Please Print)

Pet Name

Breed

¹Subject to credit approval