

# Bird Guardian Questionnaire



Please tell us about your bird, giving as much detail as possible.  
 Please see other side if you are surrendering chickens, roosters, or wild birds.

|   |                                |                                    |
|---|--------------------------------|------------------------------------|
| Bird's name:  | Age:                           | Breed/type:                        |
| Gender: <input type="checkbox"/> Don't Know <input type="checkbox"/> Male <input type="checkbox"/> Female |                                | If known, how was gender verified? |
| How long have you had this bird?  | How did you acquire this bird? |                                    |
| Why are you giving up this bird?  |                                |                                    |

Who is your veterinarian? \_\_\_\_\_ City where located: \_\_\_\_\_

Describe current or past medical issues: \_\_\_\_\_

Date of last check-up: \_\_\_\_\_ Date of last blood panel: \_\_\_\_\_ Results? \_\_\_\_\_

Date wings last clipped: \_\_\_\_\_ Date nails last clipped: \_\_\_\_\_

Housing:  Indoor cage (size and shape: \_\_\_\_\_)  Loose in house

Outdoor cage (size: \_\_\_\_\_)  Other \_\_\_\_\_

If your bird spends time outside its cage, where and how often? \_\_\_\_\_

What other animals has your bird lived with? \_\_\_\_\_

Describe your bird's diet: \_\_\_\_\_

What are your bird's favorite foods? \_\_\_\_\_

This bird likes:  Being misted  Going into the shower  Using a bird bath in the cage

This bird is:  Hand trained  Stick trained  Rides on shoulders

Please list words that your bird knows: \_\_\_\_\_

Please check any of the following that would apply to your bird:

|  |  |   |
|--|--|---|
| <input type="checkbox"/> Social and friendly     | <input type="checkbox"/> Nips/bites                    | <input type="checkbox"/> Likes men      |
| <input type="checkbox"/> Likes being petted/held | <input type="checkbox"/> Difficult to remove from cage | <input type="checkbox"/> Likes women    |
| <input type="checkbox"/> Calm                    | <input type="checkbox"/> Loud or vocal                 | <input type="checkbox"/> Likes children |
| <input type="checkbox"/> Shy                     | <input type="checkbox"/> Likes other birds             |   |
| <input type="checkbox"/> Skittish                | <input type="checkbox"/> Likes other animals           |   |

Please list other personality traits: \_\_\_\_\_

Please describe any behavior problems we should know about: \_\_\_\_\_

Please see other side if you are surrendering chickens, roosters, or wild birds.

*Please answer the following questions if you are surrendering chickens, roosters or wild birds.*

Where were they housed? Barn Cage Coop Loose on property Other: \_\_\_\_\_

Approximate size of cage/area: \_\_\_\_\_

Diet: \_\_\_\_\_ Brand: \_\_\_\_\_

Fed how often? \_\_\_\_\_

Other foods fed: \_\_\_\_\_ How often? \_\_\_\_\_

Please check any of the following that would apply the bird(s):

|  |  |  |
|--|--|--|
| <input type="checkbox"/> Friendly        | <input type="checkbox"/> Doesn't like people | <input type="checkbox"/> Chases animals  |
| <input type="checkbox"/> Easy to pick up | <input type="checkbox"/> Aggressive          | <input type="checkbox"/> Will bite       |
| <input type="checkbox"/> Noisy           | <input type="checkbox"/> Chases people       | <input type="checkbox"/> Seeks attention |

Lived with other animals?  No  Yes What types: \_\_\_\_\_

Likes other birds? \_\_\_\_\_ What types: \_\_\_\_\_

Current veterinarian/Animal Hospital: \_\_\_\_\_ Date of last visit: \_\_\_\_\_

Medications given: \_\_\_\_\_ When: \_\_\_\_\_ Reason: \_\_\_\_\_

Treated for mites? \_\_\_\_\_ When: \_\_\_\_\_ Medication given: \_\_\_\_\_

Other information: \_\_\_\_\_

Are you surrendering this animal for safety reasons?  Yes  No

Please describe: \_\_\_\_\_