

# Bird Profile

Date: \_\_\_\_\_

Animal ID (Staff Use Only)

## Bird's information:

Bird's name: \_\_\_\_\_

Bird's species: \_\_\_\_\_

Age: \_\_\_\_\_ Date of hatching (if known): \_\_\_\_\_

Sex (if known):  Male  Female

Have you had your bird blood tested for sex?  Yes  No

## About your bird's history:

How long has this bird lived with you? \_\_\_\_\_

Where did you obtain the bird? \_\_\_\_\_

Please explain why you are relinquishing your bird: \_\_\_\_\_

## About your bird's health:

Has your bird been to the veterinarian recently? \_\_\_\_\_

What is the name of your veterinary clinic? \_\_\_\_\_

Does your bird have any known health concerns? \_\_\_\_\_

Has your bird ever had its wings clipped? \_\_\_\_\_

Does your bird have a band? \_\_\_\_\_

Has your bird been microchipped or otherwise registered?  Yes  No

If yes, please provide details: \_\_\_\_\_

## About your bird's habits:

Please describe your bird's diet: \_\_\_\_\_

Does your bird have any foods it especially likes/dislikes? \_\_\_\_\_

What food do you feed your bird? \_\_\_\_\_

How often? \_\_\_\_\_

Please describe your bird's housing situation (cage, free-roam, indoor/outdoor, etc.):

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How often do you handle your bird?

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Where does your bird spend most of its time?

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Where does your bird sleep at night?

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Do you cover your birds cage?  Yes  No

What are your bird's favorite toys and/or activities?

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Is your bird hand, stick or towel trained?  Yes  No

What is your homes activity level?

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Do you feel your bird enjoyed living with your homes activity level?  Yes  No

Would you suggest your bird go to a more active or less active home?

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Has your bird had experience with children?  Yes  No

If yes, please describe:

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Would you recommend your bird be placed in a home with children?  Yes  No

Please explain:

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Has your bird had any experience with other animals?  Yes  No

If yes, what kind?

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Would you recommend your bird to be placed in a home with other animals?  Yes  No

Please explain:

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Has your bird ever been aggressive with a person?  Yes  No

If yes, please describe:

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Has your bird ever injured someone by biting and breaking the skin?  Yes  No

If yes, please describe:

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Does your bird have any known behavioral problems? (screaming, feather plucking, etc.)  Yes  No

If yes, please describe:

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Have you ever consulted a behaviorist?  Yes  No

If yes, please describe:

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**Please use the space below for any additional information you would like to share about your bird:**