

Date _____

AID# _____

AVIAN SURRENDER PROFILE

Please take as much time as you need to fill out this form as accurately and honestly as possible. This information will help us match the bird with his/her new adopter. The more information you're able to provide, the quicker the bird will be adopted. Any dishonest or false information can lead to the owner returning their new bird. Thank you.

PLEASE PRINT CLEARLY!

Reason for surrender: _____

Bird's name: _____ Species: _____ Color: _____

Age: _____ Sex: Male Female Unknown How was it determined? Blood Eggs Surgical

Where did you get this bird? _____

Previous owner information, if known: _____

Housing

Type and size of cage: _____

Type and number of perches: _____

Type and number of toys: _____ Favorite toys: _____

Materials in toys (check all that apply): Leather Cotton Sisal Rope Plastic Wood Paper

Is the cage covered at night? Yes No With? _____ Sleeping cage? Yes No

In what room is the cage located? _____ Activity level of your household? High Medium Low

How often was the cage cleaned? _____ Cage lined with? Newspaper Cage litter Other: _____

Bird's Basic Diet

Seed What percentage of diet and what type of seeds? _____

Pellet What percentage of diet and what type of pellet? _____

Veggies What type, and how often are veggies served? _____

Fruits What type, and how often are fruits served? _____

Bread Pasta Meat Dairy Beans Rice Potatoes Other food items: _____

How often are the above items offered? _____ Favorite treat/snacks: _____

Vitamin/mineral supplements: _____ Method and frequency given: _____

What time of day is the bird usually fed? _____

Bird's Routine

How many hours a day is the bird usually left alone? _____

Where is the bird during this time? _____

How many hours a day is the bird usually out of its cage? _____

Where is the bird during that time? _____

Is the bird supervised when out of its cage? Yes No

Is the bird allowed to freely roam when out of its cage? Yes No

Hours of light? _____

Hours of darkness? _____



Do you shower/bathe the bird? Yes No If yes, with what method? _____

Has the bird been allowed on shoulders? Yes No

Does the bird have a play stand, T-stand, or Manzanita stand? Yes No If yes, which one? _____

Is the bird flighted? Yes No When were wings last trimmed? _____

Does the bird's beak require regular trimming? Yes No

Does the bird's nails require regular trimming? Yes No

Is the bird used to being toweled? Yes No

What other methods have you used to restrain the bird? _____

Bird's Behavior

	Yes	No
Can you or another family member handle this bird?	<input type="checkbox"/>	<input type="checkbox"/>
Does the bird have a favorite person in the household?	<input type="checkbox"/>	<input type="checkbox"/> If yes, are they male or female?
Was the bird ever caged with another bird?	<input type="checkbox"/>	<input type="checkbox"/>
Was the bird ever bonded with another bird?	<input type="checkbox"/>	<input type="checkbox"/>
Is the bird accustomed to other pets?	<input type="checkbox"/>	<input type="checkbox"/>
Does the bird know the step-up command?	<input type="checkbox"/>	<input type="checkbox"/>
Is the bird accustomed to other pets?	<input type="checkbox"/>	<input type="checkbox"/> If yes, what type? _____
Has the bird shown any feather destructive behavior?	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone been seriously bitten?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what caused the bite? _____		
Does the bird scream excessively?	<input type="checkbox"/>	<input type="checkbox"/> If yes, time of day? _____
Under what circumstances? _____ How do you handle this? _____		
What things frighten the bird?		

List bird's vocabulary:

Bird's Medical History

Has the bird had previous medical problems? Yes No If yes, what? _____

How was it resolved? _____

When was the bird's last vet visit? _____ Results? _____

Last physical? _____ Results? _____

Last blood work? _____ Results? _____

Any other information you feel is important about this bird? _____
