

# Avian Feather Picking Owner Questionnaire



**Animal Care Associates, Inc.**  
"Caring People-Caring for Animals"™  
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Date: \_\_\_\_\_

Name: \_\_\_\_\_

Pet Name \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_

How was the bird sexed?  Blood test  Surgical (endoscopy)  Visually

If a female, has she every laid eggs?  Yes  No  
When was the last time she laid eggs? \_\_\_\_\_

Where did you get your bird?  Pet Store  Breeder  Bird show  Other \_\_\_\_\_

How was your bird raised?  Hand raised  Parent raised  Wild caught

At what age did you get your bird? \_\_\_\_\_

How many previous owners has your bird had? \_\_\_\_\_

When was the last time your bird seen by a veterinarian? \_\_\_\_\_

Is your bird:  Fully flighted  Wings are clipped

If clipped, when was the first trim done?  Before weaning  After weaning  Mature

How often and what way do you bathe your bird? \_\_\_\_\_

\_\_\_\_\_

How do you dry your bird after a bath? \_\_\_\_\_

\_\_\_\_\_

Choose one of the following that best describes the activity level of your house:

Very busy  Periods of activity and then quiet  Quiet and calm most of the time

Does anyone in the house smoke cigarettes?  Yes  No

If yes do you / they smoke around the bird?  Yes  No

Does your bird vocalize when picking or plucking?  Yes  No

Describe the bird's cage dimension: \_\_\_\_\_

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What is the location of the cage in the house? You can draw and attach a map of the house giving location and areas where the bird and family members spend most of their time:

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Describe all the contents of the cage: (Perches / toys / food bowls) \_\_\_\_\_

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How many hours a day does your bird spend in the cage? \_\_\_\_\_

How and where does your bird spend the remaining hours of the day? \_\_\_\_\_

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How many hours does your bird spend alone? \_\_\_\_\_

What stimuli (sights, sounds, etc) are available to your bird when alone? \_\_\_\_\_

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What type of lighting is around the cage? \_\_\_\_\_

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Light intensity is:       Bright                       Moderate                       Dim

Does your bird have access to natural sunlight?       Yes                       No

Does your bird have access to Ultraviolet B lighting?       Yes                       No

When do the lights come on in the morning? \_\_\_\_\_      When are they turned off? \_\_\_\_\_

How many hour of sleep do you think your bird gets every night? \_\_\_\_\_

What is your bird's feeding schedule? \_\_\_\_\_

Please list favorite treats: \_\_\_\_\_

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Describe your bird's diet in detail. List the brand names of the pellets / seeds. List likes and dislikes.

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List all members of your house, including all humans and animals. Please provide ages of any children.

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Who primarily takes care of your bird? \_\_\_\_\_

Who spends the most time with the bird? \_\_\_\_\_

Who is the bird's favorite? \_\_\_\_\_ Least favorite? \_\_\_\_\_

Your bird will step up:  Easily  Hesitantly  Never

Is your bird allowed on your shoulder?  Yes  No

How does your bird greet you when you come home? \_\_\_\_\_

Does your bird play?  Yes  No Describe play behavior: \_\_\_\_\_

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Is your bird afraid of towels?  Yes  No

How does your bird handle restraint? \_\_\_\_\_

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Does your bird talk?     Yes             No

Approximate vocabulary     < 10 words     10-20 words             > 20 words

Does your bird like to be touched / petted?     Yes             No

If yes, where does your bird like to be touched? \_\_\_\_\_

\_\_\_\_\_

List and describe behavior issues that you would like addressed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long has your bird been showing the behavior? \_\_\_\_\_

How do you react to these unwanted behaviors? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the picking behavior associated with a certain activity that may stimulate it? \_\_\_\_\_

\_\_\_\_\_

How does your bird act when picking?     Like it hurts             Like it itches             Doesn't seem to bother pet

Have there been any changes in the household? (New people / new home / remodeling / stressful situations / deaths in family / new pets / etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you use any supplements or vitamins?     Yes             No

If yes, please list specific brand and quantity / frequency used? \_\_\_\_\_

\_\_\_\_\_

Has your bird been diagnosed with a previous medical illness? List specific problems and dates when diagnosed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_