

PARROT QUESTIONNAIRE FOR TRANSFER OF LEGAL GUARDIANSHIP

Your Name:

Street Address:

City, Province, Postal Code:

Home Phone Number:

Business Phone Number:

Cell Phone Number:

Email:

Please tell us as much as you can about this parrot, to help his/her transition to a new home.

Parrot's Name:	Species (and subspecies if known):
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Color:	Identifying Marks:
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Age:	Band or Microchip #:
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Gender if known: Male Female Unknown

How was sex determined: Sexual dimorphism DNA Surgical sexing Other

Weight:	Average weight:
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Where did you obtain this parrot:

Date you obtained parrot:	Age of parrot when obtained:
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What do you know about prior homes (type of home, who was the guardian, behavior issues, etc)

Why was the parrot relinquished then?

Why is this parrot being relinquished now?

How many homes has the parrot been in?

Did this bird have a mate? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes were the birds reproductively active YES <input type="checkbox"/> NO <input type="checkbox"/>
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Were there other birds in the household? YES NO

If yes specify species

HEALTH

Your parrot's vet:

NAME:

ADDRESS

PHONE NUMBER:

Date of most recent visit to vet:	Reason for Visit to Vet:
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Date of last health check:	Is the bird a chronic egg layer
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Is the bird or has it ever been a feather plucker?

Has the parrot ever had a disease or problem?

Explain:

Is the bird on any medication? Prescription or other. Please specify:	
Copies of blood work (CBC)	Physical Deformities or Special Needs:
DIET	
What is the parrot's feeding schedule and what is offered at each time? MORNING: AFTERNOON: EVENING:	
Does the parrot eat vegetables and fruit	
If yes, percent of diet?	What vegetables and fruit will the parrot eat?
What are the favorite foods?	Does the parrot eat seed? Seed Brand Name:
Does the parrot eat pellets? If yes, percent of diet? Pellet Brand Name:	Where is the pellets and seeds purchased
What other foods?	Water source?
Is the bird on vitamin supplements? If so what supplements	
MISCELLANEOUS	
Does this parrot use a water bowl or bottle?	
Does the parrot get showered, misted or bathed YES <input type="checkbox"/> NO <input type="checkbox"/>	
FREQUENCY	
Which method does the bird prefer? Spray Bottle, Water Bowl, Shower?	
Are flight feathers trimmed? Frequency and how many?	
Does the parrot fly? Where?	Does the parrot wear a harness?
Name and phone number of parrot's groomer	Type of lighting? Please specify (full spectrum, natural sunlight etc...)
Were there other animals in the home? Please specify	Activity center, play gym, stand or perches? Please specify
Is the parrot coming with his/her cage and playthings Yes <input type="checkbox"/> No <input type="checkbox"/>	
What size is the cage?	

BEHAVIOR
Does this parrot bite without warning? Describe
BITE: Yes <input type="checkbox"/> No <input type="checkbox"/> Frequency: RARELY <input type="checkbox"/> OCCASIONALLY <input type="checkbox"/> FREQUENTLY <input type="checkbox"/> Mostly with who & under what circumstances
Does the have a preference for males or females? YES <input type="checkbox"/> NO <input type="checkbox"/> Please specify:
Does the bird scream? Degree and frequency and volume:
Does this parrot talk? Yes <input type="checkbox"/> No <input type="checkbox"/> List commonly use words and phrases:
Number of hours of undisturbed sleep at night:
Number of hours of daytime nap:
Do you cover the cage at night? Yes <input type="checkbox"/> No <input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/>
Does the parrot need a night light? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the bird toilet trained? Yes <input type="checkbox"/> No <input type="checkbox"/> Please specify where:
Does the bird play with toys? If so what are the favorite toys and materials?
Does the bird have preference to WOOD <input type="checkbox"/> ROPE <input type="checkbox"/> ACRYLIC <input type="checkbox"/> BELLS <input type="checkbox"/> OTHER <input type="checkbox"/>
What are his/her favorite routines?
Does the bird do tricks? Specify
Access outside of cage unsupervised? YES <input type="checkbox"/> NO <input type="checkbox"/>
How much time is spent with the bird daily with direct interaction?
How much time does the bird spend in a family area or alone?
Does the bird have any phobias? Yes <input type="checkbox"/> No <input type="checkbox"/> Please specify
How do you transport the bird? Pet carrier <input type="checkbox"/> Small cage <input type="checkbox"/> Other (please specify)
Do you have a bird sitter or boarding facility Name: Address: Phone Number:

DATE: _____

NAME: (please print) _____

SIGNATURE: _____