

# Amazing Grace Bird Rescue

## Bird History Form

Rehabilitation, Evaluation & Education Est. 2002

PO Box 341

Mascoutah, IL 62258-0341

Name of Owner(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

How long have you been considering surrendering this bird? \_\_\_\_\_

In an effort to provide your bird the best care possible, we ask for as much information and history about the bird as you are able to provide us.

Name of Bird \_\_\_\_\_ Date of surrender \_\_\_\_\_

Species \_\_\_\_\_ Sex:  Male  Female

Unknown

Has the bird been DNA sexed? \_\_\_\_\_ Do you have a DNA certificate? \_\_\_\_\_

Is the bird tattooed? \_\_\_\_\_ If yes, under which wing?  Left  Right

Other (please explain) \_\_\_\_\_

Approximate Age \_\_\_\_\_ How long with current owner? \_\_\_\_\_

Approximate number of previous homes and states (if known) \_\_\_\_\_

Why are you considering surrendering the bird:

- Not enough time – bird's best interest
- Physical problems (feather picking, medical needs)
- Behavior issues (biting, aggression, screaming)
- Bird too difficult to handle (messy, loud, destructive)
- New person in household (spouse, child, pet.)
- Change in living situation/moving
- Owner illness/medical problems/financial hardship
- Death of Owner/family member
- Other \_\_\_\_\_

If this is due to a behavior issue, what has been done to try to deal with the problem? \_\_\_\_\_

\_\_\_\_\_

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Who in the household does the bird relate to best? \_\_\_\_\_

How many people is the bird used to having around? \_\_\_\_\_

Are there small children in the house?  Yes  No If yes how old?

\_\_\_\_\_

\_\_\_\_\_

Is there anyone in the home that smoked or used nicotine related products? \_\_\_\_\_ In what way did they

interact with the bird? \_\_\_\_\_

Is the bird use to other pets? \_\_\_\_\_ Birds \_\_\_\_\_ cats \_\_\_\_\_ dogs

How many of each species and/or breeds? \_\_\_\_\_

\_\_\_\_\_

What is your birds daily diet? *Please describe in detail: (provide brand names, amounts of each item fed daily, pellets, seeds, nuts, fruits,*

*veggies, and other foods fed)* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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The birds favorite food(s) \_\_\_\_\_

\_\_\_\_\_

Of the foods you feed your bird is there any it does not eat or seem to like much? \_\_\_\_\_

\_\_\_\_\_

Do you give vitamins or supplements?  Yes  No If yes, what kind, how much of each, and why do you

give it to them. *(please explain)* \_\_\_\_\_

What size cage is the bird in? *(length x width x height)*

\_\_\_\_\_

Will the cage accompany the bird with the surrender?  Yes  No

How many perches are in the cage with the bird? \_\_\_\_\_

How many of each type? \_\_\_\_\_ Natural wood/ Tree branch \_\_\_\_\_ Rope \_\_\_\_\_ Sandy Perch \_\_\_\_\_

Calcium

\_\_\_\_\_ Dowel rod/ Smooth wood \_\_\_\_\_ Concrete \_\_\_\_\_ PVC Plastic \_\_\_\_\_

Textured Plastic

Are there any toys in the birds cage?  Yes  No If yes what kind?

\_\_\_\_\_

\_\_\_\_\_

Any favorite toys? \_\_\_\_\_

\_\_\_\_\_

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Does your bird have night frights?  Yes  No

Do you cover the bird at night?  Yes  No

How much time does the bird spend in its cage each day? \_\_\_\_\_

How much time is the bird left alone each day? \_\_\_\_\_

When you are not home do you leave on  Radio  Television  Lights

To the best of your ability please describe the birds daily routine, Exercise, and activity \_\_\_\_\_

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Will your bird step up on command?  Yes  No Is the bird stick trained?  Yes  No

Please describe any other training commands the bird follows. \_\_\_\_\_

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Does the bird get bathed?  Yes  No How often?

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How the bird is bathed?  Mist Bottle  Shower  Sink  Tub/Bowl  Other

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Do you take the bird outside?  Yes  No If yes please explain how

\_\_\_\_\_

\_\_\_\_\_

Are there any medical problems, injuries, or diseases past or present?  Yes  No

If yes please describe \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has the bird ever been taken to an avian veterinarian (*even for a well bird check*)?  Yes  No

Name of avian veterinarian \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Are the birds wings clipped?  Yes  No If yes by what method and by whom.

\_\_\_\_\_

\_\_\_\_\_

Is the bird banded?  Yes  No If so, which leg and what is the band number (if known)? \_\_\_\_\_

Is the bird micro-chipped?  Yes  No The chip number?

\_\_\_\_\_

Company or Micro Chip Brand \_\_\_\_\_

