



Date sent \_\_\_\_\_ Initials \_\_\_\_\_ Date returned \_\_\_\_\_ Initials \_\_\_\_\_

**Client / Bird History — 9 Pages**  
**Please complete thoroughly and accurately**

Because birds have potential longevity, it is likely that your bird will have or has had many changes during its lifetime. The detailed information that you provide us about your bird(s) with descriptions of your bird's environment, activities, diet, enrichment, physical and social activities along with details about its human and non-human daily interaction enables us to understand the history of your relationship with your bird. If your request is that The Gabriel Foundation assume responsibility for your bird during its lifetime, please understand that there is a cost for that care. The Gabriel Foundation is a privately funded parrot welfare organization that is 100% donor supported. Financial support for the care of your bird is crucial to the sustainability of The Gabriel Foundation and the birds accepted into its care. Thank you for taking the time to complete this form to the best of your ability.

**PERSONAL INFORMATION**

Date \_\_\_\_\_ Responsible Individual \_\_\_\_\_

Address \_\_\_\_\_

City • State • Zip \_\_\_\_\_

Telephone: Work \_\_\_\_\_ Fax \_\_\_\_\_

Home \_\_\_\_\_ Email \_\_\_\_\_

Best time to call \_\_\_\_\_

Referred to The Gabriel Foundation by \_\_\_\_\_

How did you find out about The Gabriel Foundation? \_\_\_\_\_

I want more information about:

\_\_\_\_\_ Placing my bird in sanctuary with The Gabriel Foundation

\_\_\_\_\_ Placing my bird with The Gabriel Foundation for adoption

\_\_\_\_\_ Behavioral consultation for my bird

**Bird's name** \_\_\_\_\_ **Species** \_\_\_\_\_ M F ?

Please check all that apply to your situation:

\_\_\_ Not enough time/Change in priorities/

\_\_\_ For the bird's best interest

\_\_\_ Bird too messy, loud or destructive

\_\_\_ Behavior/Biting, noise, aggression

\_\_\_ Bird's failure to meet expectations

\_\_\_ New spouse/Conflict with relationship

\_\_\_ Death of Owner

\_\_\_ Owner moving/ Change in living situation

\_\_\_ Owner's illness/Medical needs

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- ☐ Bird's medical needs  
☐ Feather picking/Not attractive  
☐ Financial Hardship of Owner  
☐ New Baby in household/Conflict with children

Additional reasons for placing my bird with The Gabriel Foundation:

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### HISTORY

Dated acquired \_\_\_\_\_  
 Date hatched or approximate age at acquisition \_\_\_\_\_  
 Where was bird acquired? (Please provide name, address, and telephone)  
☐ Pet Store ☐ Breeder ☐ Other  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City • State • Zip • Telephone \_\_\_\_\_

Was this a planned purchase? Y N An impulse buy? Y N Other? Y N Explain

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If your bird was a baby at purchase, why did you want a baby parrot? \_\_\_\_\_

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Was your bird incubator-raised? Y/N Parent-raised? Y/N Don't Know \_\_\_\_\_  
 Was your bird hand-fed? Y/N Spoon \_\_\_\_\_ Syringe \_\_\_\_\_ Bottle \_\_\_\_\_ Tube \_\_\_\_\_ Gavage \_\_\_\_\_  
 Did YOU hand-feed your bird? Explain \_\_\_\_\_

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Did YOU wean your bird? How? \_\_\_\_\_

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Was your bird weaned \_\_\_\_\_ or unweaned \_\_\_\_\_ at purchase? At what age was bird weaned?  
 \_\_\_\_\_ Did your bird regress when you brought it home?

A little \_\_\_\_\_ Somewhat \_\_\_\_\_ A lot \_\_\_\_\_  
 How was regression handled? \_\_\_\_\_

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What was your bird eating at time of purchase? \_\_\_\_\_

What diet and nutrition information were you given about your bird at time of purchase?

Was this information adequate? Explain \_\_\_\_\_

Did your bird fledge (learn to fly) before you brought it home? Y N Explain \_\_\_\_\_

Was your salesperson helpful and informative? Y N Explain \_\_\_\_\_

Was the pet store/breeder/other supportive post purchase? Y N Explain \_\_\_\_\_

Would you recommend this person/store to a friend? Y N Explain \_\_\_\_\_

What other supplies or products did you purchase from the store/breeder/other where you acquired your bird?

Did you purchase this species for a particular reason? Explain \_\_\_\_\_

Have you been pleased, disappointed or surprised by your bird's behavior or personality? Explain \_\_\_\_\_

**PROVIDE COPIES OF YOUR BIRD'S MEDICAL RECORDS TO THE GABRIEL FOUNDATION,  
Attn: Intake Coordinator, F: 303.646.1351 Aviary and Adoption Center,  
email: [birds@thegabrielfoundation.org](mailto:birds@thegabrielfoundation.org) or mail to 39520 County Road 13, Elizabeth, CO 80107**

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### VETERINARY AND BEHAVIORAL HISTORY

Has your bird been examined by a veterinarian with a special interest in birds? Y N

Name \_\_\_\_\_

Address and telephone \_\_\_\_\_

When was your bird's most recent visit with the vet? \_\_\_\_\_

What was the reason for that visit? \_\_\_\_\_

If your bird has never been to a vet, why not? \_\_\_\_\_

When was your bird's first veterinary visit? \_\_\_\_\_

What was the reason for that visit? \_\_\_\_\_

Were you (or are you regularly) in the exam room with your bird at the vet's? Y N Explain \_\_\_\_\_

Are you pleased with your veterinarian? Y N Explain \_\_\_\_\_

Is this your current veterinarian? Y N Explain \_\_\_\_\_

Is your bird banded? Y N If so, band number? \_\_\_\_\_ Open or Closed band

Is your bird micro-chipped? Y N If so, brand? \_\_\_\_\_ # \_\_\_\_\_

Is your bird DNA-sexed \_\_\_\_\_ surgically sexed \_\_\_\_\_ DNA certificate \_\_\_\_\_

Is your bird groomed regularly? Y N If so, by whom and how often? \_\_\_\_\_

Wings \_\_\_\_\_ Nails \_\_\_\_\_ Beak \_\_\_\_\_

Please describe your bird's overall physical health and history. Include any injuries that may have occurred, surgical procedures, illness/disease or medications.

Are there specific behavioral problems with your bird that are the reason for this bird's placement with TGF? Explain

When did the problem(s) start to occur? \_\_\_\_\_

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Have you consulted with a professional regarding your bird's unwanted behaviors? Y N

Who \_\_\_\_\_

When \_\_\_\_\_

What for \_\_\_\_\_

Was this information helpful/not helpful? Explain \_\_\_\_\_

List 3 changes that you or others in your household made to lessen the bird's unwanted behaviors and increase acceptable behaviors?

### DIET AND FEEDING

What is your bird's daily diet? Please include specific brands/types and amounts given daily that your bird eats:

Pellets \_\_\_\_\_

Seeds \_\_\_\_\_

Nuts \_\_\_\_\_

Treats \_\_\_\_\_

Cooked bean/grain mixes \_\_\_\_\_

Fruits and/or vegetables \_\_\_\_\_

"Junk" food \_\_\_\_\_

Table food \_\_\_\_\_

Caffeine \_\_\_\_\_

Alcoholic beverages \_\_\_\_\_

Dairy products \_\_\_\_\_

What are your bird's favorite foods? \_\_\_\_\_

Do you give your bird vitamins or supplements? Y N List \_\_\_\_\_

If so, are supplements placed on food \_\_\_\_\_ in water \_\_\_\_\_

### HOUSING AND ENVIRONMENT

Cage size? height x width x depth \_\_\_\_\_

Cage brand? \_\_\_\_\_

Surface finish? \_\_\_\_\_

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How many food and water bowls in cage? food \_\_\_\_\_ water \_\_\_\_\_

Perches: How many \_\_\_\_\_ Types \_\_\_\_\_

Diameter \_\_\_\_\_ Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_

Grate? Y N With what do you line tray and/or grate? \_\_\_\_\_

Cage location \_\_\_\_\_

Window nearby? Y N Is there a view? \_\_\_\_\_

Time spent in cage and when \_\_\_\_\_

Time spent out of cage, when and where \_\_\_\_\_

Does your bird have a separate sleep cage? Y No

If yes, where located \_\_\_\_\_

Describe exercise and activity level of bird both inside and outside of cage

How does your bird get out of cage? Explain \_\_\_\_\_

Is your bird stick-trained? Y N Is your bird afraid of sticks? Y N

Will your bird step up on request? Y N Other \_\_\_\_\_

Has your bird ever been towed?

For fun: Y N For cuddling: Y N At vet's: Y N

Can you towel your bird? Y N

How many hours of sleep does your bird get at night? \_\_\_\_\_

Bedtime: \_\_\_\_\_ Wakes up: \_\_\_\_\_

Where does your bird sleep? \_\_\_\_\_

Do you cover your bird's cage at night? Y N

Extra sleeping cage? Y N Where? \_\_\_\_\_

Do you cover your bird at other times during the day? Explain \_\_\_\_\_

What types of toys does your bird prefer? Include texture, type of toy, manufacturer if possible.

With its toys, is your bird: **mildly** destructive \_\_\_\_\_ **quite** destructive \_\_\_\_\_ **extremely** destructive \_\_\_\_\_

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Does your bird have separate play areas? Y No If yes, describe where located, how often bird spends time and activity level of bird \_\_\_\_\_

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Does your bird have an outside cage/aviary/flight? N Y If yes, please describe and include time in outdoor enclosure, enrichment and perching provided, activity level, time spent in outdoor enclosure \_\_\_\_\_

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How much time daily does your bird spend there? Describe \_\_\_\_\_

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How often does your bird bathe? \_\_\_\_\_  
Where? \_\_\_\_\_ When? \_\_\_\_\_

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Does your bird have a bathing preference? \_\_\_\_\_  
How? \_\_\_\_\_ When? \_\_\_\_\_

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Do you provide full spectrum lighting for your bird? Y N

Does your bird spend time outdoors? Y N

When \_\_\_\_\_

Where \_\_\_\_\_

How (i.e., cage, perch...)

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## SOCIAL HISTORY

Please list other members of your household that interact with the bird and describe their relationship

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Who is/are your bird's primary caregivers? \_\_\_\_\_

\_\_\_\_\_

Does bird have a favorite person \_\_\_\_\_

\_\_\_\_\_

Does anyone in your household smoke? Y N Where?

\_\_\_\_\_

Is your bird fearful of anything or certain events in your household? Who and/or what? When?

\_\_\_\_\_

\_\_\_\_\_

List other birds in your household \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do your birds interact with each other \_\_\_\_\_

\_\_\_\_\_

List other pets in your household \_\_\_\_\_

\_\_\_\_\_

How many hours daily is your bird left alone? \_\_\_\_\_

Why \_\_\_\_\_

\_\_\_\_\_

Do you leave on radio \_\_\_\_\_ television \_\_\_\_\_ light(s) \_\_\_\_\_?

When alone, is your bird inside its cage \_\_\_\_\_ or outside its cage \_\_\_\_\_?

\_\_\_\_\_

How often do you board your bird? \_\_\_\_\_

\_\_\_\_\_

Where do you board your bird? \_\_\_\_\_

\_\_\_\_\_

Is wellness testing required for boarding? No \_\_\_\_ Yes \_\_\_\_

List requirements \_\_\_\_\_

\_\_\_\_\_

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Do you and your bird participate in outside social activities such as car rides, hiking, camping, bird play dates, education or outreach, other social events?

List \_\_\_\_\_

Please give a description of “A Day in the Life” of your bird. Include feeding routine, sleep time, wake-up, activities, bathing, foraging, time in/out of cage, with whom and where, physical exercise, outdoor activities

If any, list changes in household/your life during last two years\_\_\_\_\_

Why do you want to place your bird with The Gabriel Foundation?

The Gabriel Foundation will provide a copy of the appropriate fee schedule to you depending on the program services requested for you and your bird(s).

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Comments

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