

PARROT PROFILE / INFORMATION SHEET – 3 PAGES

Provided by: The Alaska Bird Club www.alaskabirdclub.org e-mail: akbirdclub@yahoo.com

Should your parrot require hospitalization or boarding, provide this form to the clinic or bird sitters. The answers to these questions could be valuable when consulting for medical and behavioral concerns. It can also be very useful if you ever have to re-home your bird. The complex nature of these birds should not be limited to these questions. We encourage you to add as much information as possible. Keep all your bird documents together in a folder. Add photos, DNA test certificates, vet records, vaccination records and other health related documents. Fill out as much as you can. Anything you can provide is helpful. Some questions may not be applicable.

Date: _____ Parrot's Name: _____ Age: _____ approx/known (circle one)
Species: _____ Type: _____
Unknown? Describe coloring/sizing: _____
Band# _____ opened/closed (circle one). Aviary State (if known): _____
Other specific Physical Characteristics for identification: _____

Where did you obtain this parrot? _____ Do you have proof of ownership? Yes () No ()
Microchip# _____ chip manufacturer _____ Name of clinic who did the
install: _____. Release of information: (signature here allows new owner to transfer microchip
information from your information to their contact information) _____
Breeder Information: _____ Neonate diet fed: _____ Hand fed? _____
Captive Bred? Yes () No () Wild Caught? Yes () No ()
Imported (if applicable): Country of Origin _____ Hatch Date: _____ unknown ()
Sex: Male () Female () Unknown (). If unknown, what do you think he/she is: _____
Sexing Method: Sexual Dimorphism (coloring) (), DNA (), Surgical Sexing ()
History (source, previous owners, quarantine periods, previous exposure to birds that are now deceased, etc).

Average Weight: _____ g/lb
Tested for: Polyoma Virus () Pacheco's virus () Psittacosis Chlamydia () PBFD () Herpes Virus ()
Do you have annual CBC blood work done on this bird and if yes, from what clinic? _____
Any notes regarding results (ie typical low white blood count etc) _____

Diet: Provide as much detail as possible (quantity eaten, brands, frequency offered, etc)

Formulated Diet (Pellets): _____	% _____
Grain: _____	% _____
Fruits/Veggies: _____	% _____
Supplements (Vitamin's/Calcium) _____	% _____
Seeds/Nuts and Source (where do you get them): _____	% _____

Water source and quality (ie: bottled water? Well water? Tap water?) _____
Is this parrot trained to drink from a bottle () bottle cap from the hand () Other: _____
If on well water, do/did you perform annual tests on water quality? Yes () No ()

Does your parrot have a cage mate Yes () No (). If yes, since when: Date ____/____/____.

Were/Are they reproductively active? Yes () No ().

Are there other birds in your household or were there other birds in your household that this bird was exposed to and if yes, please specify relationship and why they are no longer together or being split up: _____

Primary Cage Dimensions this parrot is used to living in: Length: _____ Width _____ Height _____

Manufacturer of Cage _____ Other cage (ie: outdoor or sleeping cages that this bird is used to?) _____

Describe Play stands or activity centers this bird is used to: _____

Describe how to get them to flap their wings and play: _____

Types of Perches they are used to (circle types): Wood - Rope - Concrete - Wooden Dowel - Plastic - All Types.

Any aversions to any particular type that you are aware of (that they don't like) _____

Exposition to natural sunlight: Yes () No () Full Spectrum Lighting? Yes () No () Hours: _____

Number of hours of undisturbed sleep per night: _____ Number of hours or daytime nap: _____

Is the cage covered for the night: Yes () No () Were you consistent in this and what time is bed time _____

Does this bird have night frights? _____ Nightlight? _____

Does your parrot get showered, misted or bathed? Yes () No () And if yes, describe frequency and method: _____

Access outside of cage: Unsupervised () Supervised () Prone to Destruction? Yes () No (). Likes to hang out where in the home if not in cage: _____

Do you use any of the following in your home (circle which ones) Detergents - Non-stick pans - scented candles - glade air fresheners - Lysol - Perfume - Nicotine.

Is there any chance this parrot could have been exposed to any toxic plants that you are aware of (in example, dieffenbachia, ivy, poinsettias, etc) Yes () No () Unknown () Not sure what is toxic ().

Medical History: Check the following if your parrot has previously encountered and required medical attention for:

___ Respiratory Problems

___ Allergic Reactions

___ Cloacal Papillomas

___ Egg Binding or related peritonitis

___ Fractures

___ Bumble Foot/Toe amputations

___ Parasitic Infections

___ Bacterial Infections

___ Intoxication/Toxic Poisoning

___ Feather Plucking/Feather Destruction

___ Skin Disorder

___ Ear Infection

___ Eye Infection

___ Fungal Infection

___ Trauma

___ Other: _____

Which Avian Veterinarian clinic have you consulted: _____ Did you use a specific vet? And if so, what is their name _____. Annual Visits? Yes () No (). Do you agree to release any and all information on file relative to this bird to the new owner? Signature here authorizes medical records release to new owner: _____ (date) _____.

Behavior and Character Traits:

Biting Yes () No () Frequency: rarely – occasional – frequently – mostly. Describe when biting normally occurs if you can: _____.

Screaming: Degree and frequency _____. If screaming occurs, please, to the best of your knowledge, describe why or when you think they are _____.

Talking Abilities: Yes () No () Number of words _____ Vocabulary: _____.

Language(s) understood/speaks: _____

Toilette Trained? Yes () No () Specify where (cage door, parrot stand, etc) _____.

Does he have an outdoor flight cage or do you bring your cage outdoors in the summer? Yes () No ()

Do you use a harness or flight suit: Yes () No () Specify which: _____.

Are flight feathers trimmed: Frequency and degree: _____.

Does he/she perform tricks? Explain: _____.

Behavior around children... good? Scared? Comment: _____.

Any thing else that you would like to add: _____.

Is there any thing you can think of that frightens this parrot? _____.

Are you aware of any prior abuse this parrot has been exposed to? _____>