



Feather Picking Questionnaire

Please fill out this form to help us identify those problems. Please be as complete and detailed as possible since more information will allow us to better evaluate your bird and prevent unnecessary tests. If your bird has been to another veterinarian, it will be helpful to have records sent or faxed (603-424-2194) to us or you can bring them with you.

Your Name _____

Address _____

Phone Number (day) _____ (evening) _____

Bird's Name _____ Species _____

Sex (if known) _____ Age _____

If your bird is domestically breed _____ Or wild caught _____

Where did you purchase your bird _____

How long have you owned your bird _____

Please describe your bird in detail _____

Have you changed your bird's diet before your bird began picking _____

Do you have Vitamin/Supplements _____

Please give a general schedule for your bird (when it gets up, eats, quiet time, play times, bedtimes, etc.) _____

What type/size cage do you have _____

What are the food/water dishes made of _____

Where is it located (i.e. which room, is it near a door, furniture, appliances, stereo/tv, heater/ac, etc.) _____

Have you changed the location or type of your bird's cage recently _____

Please describe the toys your bird has _____

When did your bird start picking _____

When it first started picking, was it picking at a specific part of its body _____

When it first started picking did it seem itchy _____

Does it seem itchy now _____ Has the picking gotten worse _____

Stayed the same _____ Improved _____

Other than picking does your bird seem normal _____

Are the droppings normal _____ Does your bird eat normal _____

Does your bird sneeze more than it used to _____

Does your bird cough _____

Is your bird as active as it was _____

Is your bird as talkative or noisy as normal _____

Is your bird showing any other new behaviors or symptoms since it began picking _____

Please answer these questions if your bird is allowed out of its cage:

How old is your house _____ Do you have lead paint in your house _____

Do you see your bird chewing on anything in your house _____

Do you have linoleum in your house _____

Do you have new rugs in your house _____

Do you have stained glass windows or ornaments _____

Does your bird chew on drapes and curtains/rods _____

Where does your bird like to spend most of its time when it is out of its cage _____

Was your bird boarded or around other birds in the six months prior to the feather picking _____

Have you consulted another veterinarian _____

Please list any tests which were done (unless your bird's records have been sent to us)

Please list any treatments that were done _____

Did any of these improve/worsen your bird's condition _____

Have you consulted a behaviorist _____

If yes, have you attempted any of the suggestions made by the behaviorist _____

Please list and describe the effect they had _____

Do you bathe your bird _____ How often _____

Do you mist your bird _____ How often _____

Do you add anything to the water you bathe/mist with _____

What is in the bottom of your bird's cage (i.e newspaper, shavings, corn cob, etc.) _____

Is there a grate _____

Does your bird spend time on the bottom of the cage _____

Is there a wood stove in the house _____

If yes, please list how many people smoke and if they are light/heavy smokers _____

Do people smoke around your bird _____

Do you own other birds _____ If yes, how many ____

Please list their species _____

Please list other pets you have _____

Are there children in the house _____

If yes, please list age and sex of each: _____

Does your bird go outside _____ If yes, how often is your bird restrained _____

Does your bird eat or chew on anything while outside _____

Please list any other changes in your bird, household, or lifestyle that you feel may be involved in your bird's picking _____

Is there a time just before your bird began picking where any of the following circumstances were present in your household?

New Pets: _____ Yes _____ No

New Children: _____ Yes _____ No

Houseguests: _____ Yes _____ No

Anyone leaving the household (i.e. college, adult children moving out, hospitalization)

_____ Yes _____ No

Anyone on Vacation: _____ Yes _____ No

New Working Hours (anyone in the house): _____ Yes _____ No

New Jobs (anyone in the house): _____ Yes _____ No

Construction/Remodel: _____ Yes _____ No

Construction Outside: _____ Yes _____ No