

**ANIMAL
RESCUE
LEAGUE
of BOSTON**



Animal Rescue League of Boston

INCOMING BIRD PROFILE

Please fill this out so we can find the best home for your bird

The following questionnaire provides us with information about how your bird behaved in many different circumstances while he or she was living with you. Because your bird is likely to behave in similar ways in his/her new home, this information will help us find the most suitable home for your bird and to effectively counsel the new family. Your open and honest answers are very necessary and appreciated, so that we can do careful and successful adoptions.

By signing below, I certify that the information I am about to provide is accurate and truthful to the best of my knowledge.

Signature: _____

Print name: _____ Print bird's name: _____

Date: _____

Part 1: Household History

- 1) Bird's name: _____ Age of bird? _____ yrs.
- 2) How long have you had your bird? _____ yrs.
- 3) Why are you giving up this bird? _____
- 4) What would have to happen for you to be able to keep your bird? _____
- 5) Where did you acquire your bird? Animal Rescue League Other Animal Shelter Friend/Relative
 Online Found/Stray Breeder Pet Store Gift Other _____
- 6) Please describe your household: Quiet Active Noisy
- 7) Please list the **AGES** of household members your bird has lived with:
Men _____ Women _____ Children _____
Does your bird have a preference for men over women? _____
- 8) Who was the primary caretaker for the bird? _____
- 9) How did your bird react when **outside** of the cage to:
 - a. men? Friendly/Approaches Playful Afraid/Runs Away Bites No men in household
 - b. women? Friendly/Approaches Playful Afraid/Runs Away Bites No women in household
 - c. children? Friendly/Approaches Playful Afraid/Runs Away Bites No children in household
- 10) How did your bird react when **inside** of the cage to:
 - a. men? Friendly/Approaches Playful Afraid/Runs Away Bites No men in household
 - b. women? Friendly/Approaches Playful Afraid/Runs Away Bites No women in household
 - c. children? Friendly/Approaches Playful Afraid/Runs Away Bites No children in household
- 11) What other animals did your bird live with? No other animals in household
 Dogs # _____ Breed or Size _____ Cats # _____ Other _____
- 12) What was the bird's reaction to the other animals in your household?
 Ignores Approaches Afraid/Runs away/Vocalizes No contact with other animals in household
- 13) Do you and your bird live in an? Apartment Condo/Town House Single Family House Duplex

Part 2: Bird's Cage History

- 1) Where is the bird's cage located? _____
- 2) What are the dimensions of caging the bird is housed in? _____
- 3) Did you cover the cage at night? _____
- 4) At what time did you cover the cage for the night? _____
- 5) How often did you clean your bird's cage? _____
- 6) Has your bird ever been housed with another bird? Never Yes, in household Yes, sharing cage
- 7) When alone is your bird: Free in the house/confined to a room In cage With the television or radio left on

Part 3: Bird's Behavior History

- 1) How much time out of the cage does your bird get daily, if any? _____
- 2) Does your bird have a favorite game? _____
Does he/she know any words? _____
- 3) How often did you rotate your bird's toys? _____

- 4) Does your bird like to be petted? Yes Tolerates No, bites
- 5) What are your bird's favorite types of toys? Bells Wood Chews Plastic Rawhide Other
- 6) How does your bird respond to visitors? Friendly Playful Afraid/runs away Ignores Bites
 Never Sees Visitors
- 7) Is your bird frightened of anything? Thunder Loud noises Vacuum Dogs Cats
 Men Women Children Strangers Other: _____
- 12) Please tell us about your bird's "bad habits": Vocal/screams Chews on woodwork/destructive
 Bites without provocation Other: _____
- 13) Is your bird accustomed to: Bathing Nail trimming Medicating Wing trims
- 14) Does your bird bath in a bowl or with a spray bottle? _____

Part 4: Bird's Medical History

- 1) Did your bird see a veterinarian on a regular basis? Yes No
If yes, what is your vet hospital's name? _____
- 2) Does your bird have any past or present medical conditions? Yes No
If yes, what are they? _____
- 3) Is your bird currently on any medications? _____

Part 5: Bird's Diet

- 1) What type of food does your bird eat? Pellets Seed Nuts Fresh fruits/veggies Cooked fruits/veggies
 Pasta Other: _____
- 2) Please tell us the specific type/brand of primary diet? _____
- 3) Does your bird get table food? Yes No What kinds? _____
- 4) What is your bird's favorite treat? _____

Part 6: Additional Information

This bird would do well in a home with the following:

Kids: Of any age Ages 5 and over Ages 9 and over Ages 14 and over No kids at all

Other Animals: With cats With dogs No dogs No cats With no other animals Other _____

Visitors: Many visitors Few visitors No visitors

Someone home: All day Most of the day In the mornings and evenings

Part 7: Please feel free to tell us any additional helpful information
