

Avian Feather Destruction History Form

Client Name: _____

Date: _____

Patient Name: _____

Instructions: Feather destruction disorder is a complex problem in pet birds. In many cases, several environmental and/or medical issues are involved. A comprehensive history is an essential part of diagnosing and treating this condition. Please answer the questions below with as much detail as possible. Thank you.

Extent of the problem

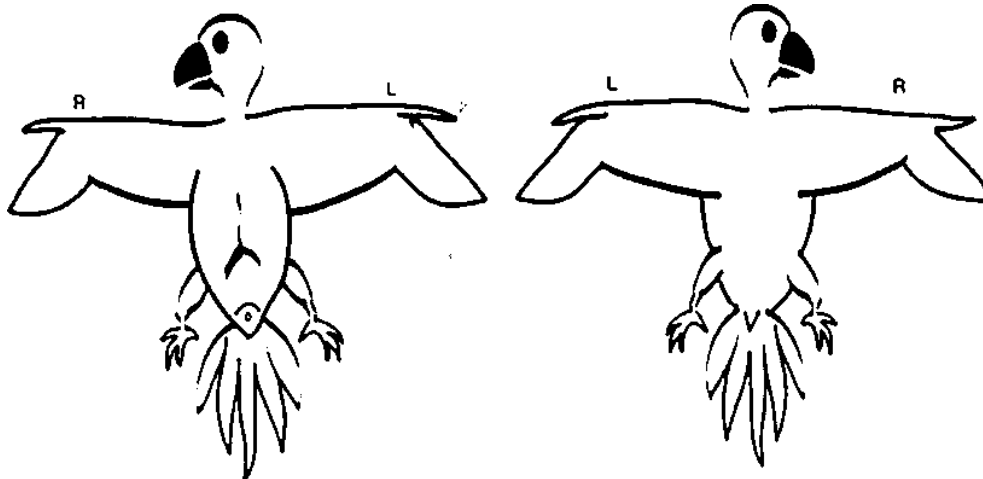
Does your bird (check all that apply):

- Chew feathers Pull out or pluck feathers Mutilate skin
 Other: _____

Does your bird appear to be itchy? (Signs of itchiness include scratching with the feet, rubbing on the cage or perches, and scratching the skin with the beak):

- No Mildly or occasionally Moderately to severely Unsure

On the drawings below, please shade in the area(s) that your bird picks or mutilates:



Onset and progression

When did your bird start self-picking/mutilating? (This is the "onset" date)_____

Please check the box that best describes the **onset** of the problem:

- Sudden (one day the bird started self-picking/mutilating dramatically)
- Gradual (the onset was subtle)
- I don't know, the bird was this way when I acquired him/her

Please check the box that best describes the **progression** of the self-picking/mutilating

- Improving: the severity has decreased since it started
- Static: the severity has not changed over time
- Progressive: the severity has become worse over time
- Episodic: my bird plucks/mutilates sometimes, but then lets the feathers grow back
- Intermittent: the picking/mutilating occurs every day (or almost every day) but is worse on some days than others

Patient Profile: Check ALL the boxes that best describe your bird:

My bird was: hand raised captive bred but not hand fed wild caught I don't know

My bird: loves most people loves one person and is indifferent or hostile toward others
 is tame but not attached to any particular person doesn't seem to like people

My bird loves to be scratched or cuddled: always sometimes never

My bird chews/plays with toys: every day occasionally seldom/never I don't know

My bird enjoys: wood toys plastic toys rope toys metal toys leather puzzles
 paper/cardboard mirrors swings no toys other: _____

My bird is fearful of or seems to hate: being left alone loud noises dogs cats adults
 children strange people strange animals new places new toys other:

My bird demonstrates sexual behavior (mounting, masturbation, regurgitation):
 Frequently Occasionally Never Towards human(s) Towards other bird(s)

My bird is: Very Active Moderately Active Not very active

My bird is: Very vocal or noisy Moderately vocal or noisy Quiet

My bird is: Trained to obey commands (e.g. "step up," "no biting"), and is usually obedient
 Trained to obey commands, but is often inobedient or only obeys one person
 Not trained to obey any commands

My bird's wings are clipped: Always Sometimes Never Who clips them? _____

Does your bird seem to have any other behavioral or medical problems other than feather destruction/mutilation? No Yes If yes, please describe: _____

Family and Flock History

How many people live in your home? _____

Is your bird especially fond of one family member? No Yes: _____

Do you own any other birds? No Yes

List any birds that share a cage with the bird that is here today_____

List any other birds_____

Is this bird friendly toward any of the other birds? No Yes:_____

Is this bird aggressive toward any of the other birds? No Yes:_____

Does this bird pick feathers from another bird? No Yes:_____

Does another bird pick feathers from this bird? No Yes:_____

Please describe any other people or pets that interact with your bird and indicate if your bird seems to enjoy the interaction:_____

Environmental History

Does your bird receive sunlight? Yes No

Does your bird receive ultraviolet light? Yes No

Does your bird take baths on his/her own? Yes No

Do you bathe your bird? Yes No If yes, how and how often?_____

About how many toys does your bird have in its cage at one time?_____

How often are toys changed or rotated?_____

How many hours per day does your bird spend alone (no people in the same room)?_____

Does your bird have daily access to the following: Window Television Radio

Describe any other diversions you provide:_____

Describe the area around your bird's cage:_____

Changes: Did any of the following occur **within 3 months prior to the onset date?** If yes, please give date(s) and describe:

Environmental changes:

Move to new home:_____

New cage:_____

Cage moved to different location in home:_____

House or cage changed in some way:_____

Flock changes:

Has anyone been added to your family (e.g. birth, adoption, marriage, or moving in)?_____

Has anyone left your family (e.g. death, divorce, or moving out?)_____

Have any birds or other pets been added to your home?_____

Have any birds or other pets been removed from your home?_____

Have there been any changes in the amount of time you and/or other family members spend with your bird? Please consider situations (e.g. travel, increased workload, new job, baby, schedule, hobby) that may have changed the amount of time spent with your bird?_____

Did your bird's favorite person leave the home for any length of time (e.g. vacation)?_____

Medical changes:

Skin Wound Parasites Other:_____

Please describe any other changes in the environment, feeding or social life of the bird:_____

How do you respond when you see your bird picking or mutilating?

- Ignore the behavior
- Scold the bird or give it some form of punishment. Describe _____
- Pick up the bird or give it some sort of affection or diversion. Describe _____
- The bird picks/mutilates only when no one is there to see it happening
- Other: _____

Have you used any of the following to stop the picking/mutilation?

- Collar Bandage Acquired another bird
 - Bitter substance placed on feathers: _____
 - Conditioner or medication sprayed on feathers: _____
 - Oral medication, herbal supplement, or homeopathic remedy: _____
 - Behavioral modification or training: _____
 - Other: _____
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