# **Pre-Consult Feather Plucking Bird Questionnaire**

# **General Information**

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| --- | --- | --- | --- |
| **Name:** |  | **Species** |  |
| **Age:** |  | **Gender:** |  |

|  |  |
| --- | --- |
| Are the wings clipped? |  |
| How long have you had the bird for? |  |
| Where did you get the bird from?  |  |
| Do you know its previous history? |  |
| What is the bird’s diet? |  |

# **Enclosure Design**

|  |  |
| --- | --- |
| Is the enclosure kept indoors or outdoors? |  |
| What material is the enclosure made from? |  |
| What are the dimensions of the enclosure? |  |
| What type of branches are used in the enclosure (ex: wood/natural branch/rope/sandpaper/etc.)? |  |
| What types of toys are in the enclosure and what material are they made of? |  |
| Are there any other animals living in the same enclosure? |  |
| Are there any other animals in the household? |  |
| Does the bird spend time outside of the cage? |  |

# **Environment**

|  |  |
| --- | --- |
| How often does someone interact with the bird? |  |
| Can you describe how you interact with the bird?*(E.G scratch the head/ rub the back/ give kisses/ etc.)?* |  |
| How many hours of complete nighttime (dark with no noise) does your bird receive? |  |
| Where is the enclosure kept at night and is it covered at night? |  |

# **Feather Plucking**

|  |  |
| --- | --- |
| How long ago did the plucking begin? |  |
| Where is the bird plucking? |  |
| Have you seen the bird plucking at his or her feathers? |  |
| Have there been any changes to the environment when the plucking began? *(E.G. new person at the house/new animal/new enclosure/etc.)?* |  |