

Kettle Moraine Veterinary Clinic
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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 (circle all that apply):

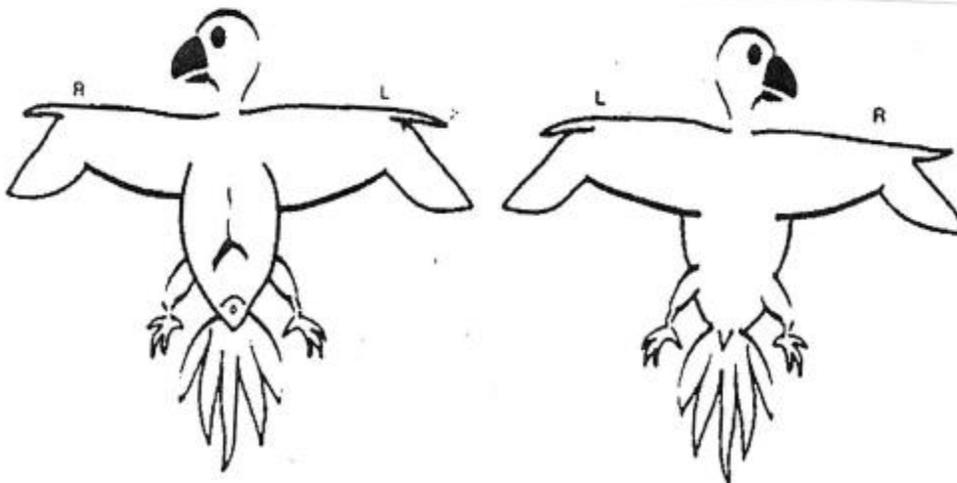
Chew feathers Pull out or pluck feathers Mutilate Skin

Other: _____

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

No Mildly or occasionally Moderately to severely Unsure

On the drawings below, please shade in the areas that your bird picks or mutilates:



Onset and progression

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

Please circle the one that best describes **onset** of problem:

Sudden (one day 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 circle the one that best describes the **progression** of the self-picking/mutilation.

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 feathers grow back

Intermittent: the picking/mutilating occurs every day (or almost every day) but worse on some days than other days

Patient Profile: Check all boxes that best describe your bird:

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

My bird: loves most people loves one person and is indifferent or hostile towards 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 Humans Towards Other Birds

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 disobedient 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, 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 this bird. _____

List any other birds _____

Is this bird friendly toward other birds? No Yes _____

Is this bird aggressive toward any 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 this 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 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 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 a new home: _____

New cage: _____

Cage moved to a new 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 pets been removed from your home? _____

Have there been any changes in the amount of time 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 to the 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 or mutilates only when no one is there to see it happening

Other: _____

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

Collar Bandage acquired another bird

Bitter substance place don feathers: _____

Conditioner or medication sprayed on feathers: _____

Oral medication, herbal supplement, or homeopathic remedy: _____

Behavioral modification or training: _____

Other: _____