



*Many have forgotten this truth, but you must not forget it.  
You remain responsible, forever, for what you have tamed.*

*— Antoine de Saint - Exupery*

The Gabriel Foundation® is a 501(c)(3) avicultural and veterinary affiliated parrot welfare organization licensed by the state of Colorado, promoting educational outreach, conservation, rescue, rehabilitation, adoption, and sanctuary pertaining to the needs of parrots everywhere.

Email: [birds@thegabrielfoundation.org](mailto:birds@thegabrielfoundation.org) [www.thegabrielfoundation.org](http://www.thegabrielfoundation.org)

Phone: 303.629.5900 x 216 Fax: 303.629.5901

Aviary and Adoption Center 39520 County Road 13, Elizabeth, CO 80107 Fax: 303.646.1351

Date sent \_\_\_\_\_ Initials \_\_\_\_\_ Date returned \_\_\_\_\_ Initials \_\_\_\_\_

### Client / Bird History — 8 Pages

*Please complete thoroughly and accurately*

Date \_\_\_\_\_ Responsible Individual \_\_\_\_\_

Address \_\_\_\_\_

City • State • Zip \_\_\_\_\_

Telephone: Work \_\_\_\_\_ Fax \_\_\_\_\_

Home \_\_\_\_\_ Email \_\_\_\_\_

Best time to call \_\_\_\_\_

Referred to The Gabriel Foundation by \_\_\_\_\_

How did you find out about The Gabriel Foundation? \_\_\_\_\_

#### I would my bird to be considered for:

\_\_\_\_\_ Sanctuary Special needs \_\_\_\_\_ TGF Accept \_\_\_\_\_

\_\_\_\_\_ Sanctuary Owner Request (financial obligation assumed by owner)

\_\_\_\_\_ Long term foster (financial obligation assumed by owner)

Expected length of time \_\_\_\_\_

\_\_\_\_\_ Placing my bird with The Gabriel Foundation for adoption

**Bird's name** \_\_\_\_\_ **Species** \_\_\_\_\_ **M F ?**

#### Please check all that apply to your situation:

\_\_\_ Not enough time/Change in priorities/  
For the bird's best interest

\_\_\_ Owner moving/ Change in living situation

For the bird's best interest

\_\_\_ Owner's illness/Medical needs

\_\_\_ Bird too messy, loud or destructive

\_\_\_ Bird's medical needs

\_\_\_ Behavior/Biting, noise, aggression

\_\_\_ Feather picking/Not attractive

\_\_\_ Bird's failure to meet expectations

\_\_\_ Financial Hardship of Owner

\_\_\_ New spouse/Conflict with relationship

\_\_\_ New Baby in household/

\_\_\_ Death of Owner

Conflict with children

**Additional reasons for placing my bird with The Gabriel Foundation:**

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Dated acquired \_\_\_\_\_

Date hatched or approximate age at acquisition \_\_\_\_\_

Where was bird acquired? (Please provide name, address, and telephone)

\_\_\_ Pet Store \_\_\_ Breeder \_\_\_ Other

Name \_\_\_\_\_

Address \_\_\_\_\_

City • State • Zip • Telephone \_\_\_\_\_

Was this a planned purchase? Y N      An impulse buy? Y N Other? Y N Explain

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If your bird was a baby at purchase, why did you want a baby parrot? \_\_\_\_\_

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Was your bird incubator-raised? Y/N Parent-raised? Y/N Don't Know \_\_\_\_\_

Was your bird hand-fed? Y/N Spoon \_\_\_\_\_ Syringe \_\_\_\_\_ Bottle \_\_\_\_\_ Tube \_\_\_\_\_ Gavage \_\_\_\_\_

Did YOU hand-feed your bird? Explain \_\_\_\_\_

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Did YOU wean your bird? How? \_\_\_\_\_

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Was your bird **weaned** \_\_\_ or **unweaned** \_\_\_ at purchase? At what age was bird weaned?

\_\_\_\_\_ Did your bird regress when you brought it home? A little  
\_\_\_\_\_ Somewhat \_\_\_\_\_ A lot \_\_\_\_\_

How was regression handled? \_\_\_\_\_

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What was your bird eating at time of purchase? \_\_\_\_\_

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What diet and nutrition information were you given about your bird at time of purchase?

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Was this information adequate? Explain \_\_\_\_\_

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Did your bird fledge (learn to fly) before you brought it home? Y N Explain

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Was your salesperson helpful and informative? Y N Explain \_\_\_\_\_

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Was the pet store/breeder/other supportive post purchase? Y N Explain \_\_\_\_\_

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Would you recommend this person/store to a friend? Y N Explain \_\_\_\_\_

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What other supplies or products did you purchase from the store/breeder/other where you acquired your bird? \_\_\_\_\_

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Did you purchase this species for a particular reason? Explain \_\_\_\_\_

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Have you been pleased, disappointed or surprised by your bird's behavior or personality? Explain \_\_\_\_\_

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Has your bird been examined by a veterinarian with a special interest in birds? Y N Name \_\_\_\_\_

Address and telephone \_\_\_\_\_

When was your bird's most recent visit with the vet? \_\_\_\_\_

What was the reason for that visit? \_\_\_\_\_

If your bird has never been to a vet, why not? \_\_\_\_\_

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When was your bird's first veterinary visit? \_\_\_\_\_

What was the reason for that visit? \_\_\_\_\_

Were you (or are you regularly) in the exam room with your bird at the vet's? Y N Explain

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Are you pleased with your veterinarian? Y N Explain \_\_\_\_\_

Is this your current veterinarian? Y N Explain \_\_\_\_\_

Is your bird banded? Y N If so, band number? \_\_\_\_\_

Is your bird micro-chipped? Y N If so, brand? \_\_\_\_\_

Is your bird DNA registered? Y N With whom? \_\_\_\_\_

Is your bird DNA-sexed \_\_\_\_\_ surgically sexed \_\_\_\_\_ DNA certificate \_\_\_\_\_

Is your bird groomed regularly? Y N If so, by whom and how often? \_\_\_\_\_

Wings \_\_\_\_\_ Nails \_\_\_\_\_ Beak \_\_\_\_\_

**Please describe your bird's overall physical health and history. Include any injuries that may have occurred, surgical procedures, illness/disease or medications.**

**You will be asked to supply your bird's medical records prior to consult or admission into The Gabriel Foundation.**

Have you had behavioral problems with your bird? Explain \_\_\_\_\_

When did the problem(s) start to occur? \_\_\_\_\_

Have you consulted with a parrot behavioral consultant regarding your bird? Y N

Who \_\_\_\_\_

When \_\_\_\_\_

Why \_\_\_\_\_

Results \_\_\_\_\_

What is your bird's daily diet? Please include specific brands/types and amounts given daily:

Pellets \_\_\_\_\_

Seeds \_\_\_\_\_

Nuts \_\_\_\_\_

Treats \_\_\_\_\_

Cooked bean/grain mixes \_\_\_\_\_

\_\_\_\_\_

Fruits and/or vegetables \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

“Junk” food \_\_\_\_\_

Table food \_\_\_\_\_

\_\_\_\_\_

Caffeine \_\_\_\_\_

Alcoholic beverages \_\_\_\_\_

Dairy products \_\_\_\_\_

What are your bird's favorite foods? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you give your bird vitamins or supplements? Y N List \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If so, are supplements placed on food \_\_\_\_\_ in water \_\_\_\_\_

Cage size? height x width x depth \_\_\_\_\_

Cage brand? \_\_\_\_\_

Surface finish? \_\_\_\_\_

How many food and water bowls in cage? food \_\_\_\_\_ water \_\_\_\_\_

Perches: How many \_\_\_\_\_ Types \_\_\_\_\_

Diameter \_\_\_\_\_ Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_

Grate? Y N With what do you line tray? \_\_\_\_\_

Cage location \_\_\_\_\_

Window nearby? Y N Is there a view? \_\_\_\_\_

Time spent in cage and when \_\_\_\_\_

\_\_\_\_\_

Time spent out of cage, when and where \_\_\_\_\_

\_\_\_\_\_

Describe exercise and activity level of bird both inside and outside of cage \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How does your bird get out of cage? Explain \_\_\_\_\_

\_\_\_\_\_

Is your bird stick-trained? Y N Is your bird afraid of sticks? Y N

Will your bird step up on command? Y N Other \_\_\_\_\_

Has your bird ever been toweled?

For fun: Y N For cuddling: Y N At vet's: Y N

Can you towel your bird? Y N

How many hours of sleep does your bird get at night? \_\_\_\_\_

Bedtime: \_\_\_\_\_ Wakes up: \_\_\_\_\_

Where does your bird sleep? \_\_\_\_\_

Do you cover your bird's cage? \_\_\_\_\_

Extra sleeping cage? Y N Where? \_\_\_\_\_

Does your bird have toys? Y N How many? \_\_\_\_\_ What types? \_\_\_\_\_

What textures? \_\_\_\_\_

What are your bird's favorite toys? \_\_\_\_\_

With its toys, is your bird:

mildly destructive \_\_\_\_\_ quite destructive \_\_\_\_\_ extremely destructive \_\_\_\_\_

Does your bird have play areas? Y N Where? \_\_\_\_\_

What types? \_\_\_\_\_

How much time daily does your bird spend there?

How often does your bird bathe? \_\_\_\_\_

Where? \_\_\_\_\_ When? \_\_\_\_\_

Does your bird have a bathing preference? \_\_\_\_\_

How? \_\_\_\_\_ When? \_\_\_\_\_

Do you provide full spectrum lighting for your bird? Y N If so, what brand? \_\_\_\_\_

How often are bulbs changed? \_\_\_\_\_

Does your bird spend time outdoors? Y N When? \_\_\_\_\_

Where? \_\_\_\_\_

How? (i.e., cage, perch...) \_\_\_\_\_

Please list other members of your household. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Recent (within two years) changes in household? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please send a picture of the people that your bird associates with and let us know who he likes and does not like.

\_\_\_\_\_  
\_\_\_\_\_

Thank you for taking the time to complete this form. The more information we have about your bird the more we will be able to help you and your bird. If you have any questions, please call.