**Avian Data Transfer Form**

 **Contact Person:**

 **Title:**

 **Email:**

 **Date:** Click or tap to enter a date.

 **Phone:**

**Receiving Institution:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Common Name/*Scientific Name*** | **ID#** | **Sex** | **Hatch Date** | **Actual/****Estimated**  | **Band ID - Left Band/Right Band** | **Hand or Parent** **Reared**  | **Last Weight**  |
|       |       | Choose an item. | Click or tap to enter a date. | Choose an item. |       | Choose an item. |       |

**Diet:**

Diet description:

Supplements are provided: [ ]  Yes [ ]  No

If yes, please provide name of supplements and amount:

Specific diet preparation method: [ ]  Yes [ ]  No

If yes, please explain:

Insects are provided: [ ]  Yes [ ]  No

If yes, please provide types and amount:

Preferred food items: [ ]  Yes [ ]  No

If yes, please provide the name of the item, amount offered and how often:

Seasonal diet changes: [ ]  Yes [ ]  No

If yes, changes are noted here:

There is access to food items other than the above stated diet: [ ]  Yes [ ]  No

If yes, other diet items available in enclosure are listed here:

Diets are provided in the: [ ]  AM [ ]  PM [ ]  Other

If other, details are specified here:

Diet is provided in a: [ ]  Crock [ ]  Metal Pan [ ]  Black Tub [ ]  N/A

Diet is presented: [ ]  On the ground [ ]  Elevated [ ]  In a trap cage [ ]  Fed by Hand

**Enclosure History:**

Enclosure Dimension -

Exhibit Type:

[ ]  Off-Exhibit [ ]  Walk through aviary [ ]  Aviary with guest viewing on [ ]  1 [ ]  2 [ ]  3 [ ]  4 sides.

Substrate:

[ ]  Sand [ ]  Gravel [ ]  Rock [ ]  Soil [ ]  Leaf Litter [ ]  Bark Mulch [ ]  Pine Needles [ ]  Shredded Cardboard [ ]  Concrete

Exhibit Features:

[ ]  Water feature [ ]  Rockwork [ ]  Deadfall [ ]  Live trees [ ] Perching [ ]  Live Plants [ ]  Trap Cage

**Individual Information:**

Individual’s physical characteristics that are outside the norm for the species, based on wellness exams:

Individual’s behavior characteristics that are outside the norm for the species:

**Medical History:**

Known chronic health challenges:

Known medical challenges in the last six months that needed veterinary care:

**Socialization History:**

This individual has been housed: [ ]  Alone [ ]  With conspecifics [ ]  Other species

List of other species this individual was housed with:

Individual exhibits displacement or aggression toward other individuals: [ ]  Yes [ ]  No

If yes, details are specified here:

Individual has challenges adapting to group or pair situations: [ ]  Yes [ ]  No

If yes, details are specified here:

**Reproduction History:**

This individual’s reproduction history:

[ ]  Set up to breed [ ]  Not set up to breed [ ]  Too young to breed [ ]  Not recommended to breed

If set up for breeding this individual displayed the following behaviors: [ ]  Pair bonded [ ]  Displayed Courtship Behavior [ ]  Occupied a nest site [ ]  Nest building [ ]  Laid egg(s) [ ]  Attempted chick rearing [ ]  Successfully raised chick(s) [ ]  Reproductive Challenges, if any:

**Training History:**

This individual has been shift trained using a holding area/feed trap: [ ]  Yes [ ]  No

If yes, description of the training method used:

This individual has received other training: [ ]  Yes [ ]  No

If yes, description of the training received:

**Enrichment History:**

The following enrichment has been provided to this individual: