POULTRY HUSBANDRY FORM

Owner First Name: _____ Owner Last Name: _____

Pet's name: _____ Species: _____ Age: _____ Sex: M F

How long have you had this bird? _____

Where did you obtain this bird? _____

Does your bird lay eggs? Y N If yes, how frequent does she lay? _____

Does your bird lay year round? Y N Do you know when she last laid? _____
Is your bird vaccinated for Marek's? Y N Unknown Any other vaccines: _____

How many birds are in this flock? _____

Where is this bird in the "pecking order?" _____

List any other pets you have beside this flock: _____

When was the last bird added to this flock? _____

REASON FOR PRESENTATION TODAY What is the primary complaint or what signs have you noticed? How long have these problems been present?

_____

_____

Describe any health problems previously found in this flock:

_____

_____

Has your bird received any treatment in the last 30 days? Y N if yes, please give details (what was used, dosage, how often, duration):_____

_____

Are any other birds in the flock showing similar symptoms? Y N

Have any other animals or persons in the household had any illness in the last 30 days?

_____

DIET List everything fed to the flock (Include brand names of commercial foods, human foods/scraps, etc.):

_____

_____

Describe how the food is stored: _____

Do you use any supplements or medications? Y N If yes, describe type, frequency, dose and type of delivery (ie via water, food, etc.

_____

_____

COOP/ENVIRONMENT Describe your coop layout (size, materials, etc):_____

_____

_____

Describe outdoor space (caged vs free roam): _____

_____

Describe cleaning procedures: _____

_____

Describe biosecurity protocols: _____

_____

Has your coop ever been tested for lead? Y N Has your soil ever been tested for lead? Y N Results if applicable:

_____

What water sources are available to your flock? Bowls ___ Kiddie pool ___ Drip system ___ Lake/pond ___ Other: _____

How often do you clean water source? _____