

## POULTRY HISTORY FORM

A detailed history is essential to provide the most appropriate veterinary care for your animal. Please complete this form as accurately as possible. If there is anything you are unsure about you can discuss it in more depth with the veterinary staff during your appointment.

Owner First Name: \_\_\_\_\_ Owner Last Name: \_\_\_\_\_

Pet's name: \_\_\_\_\_ Species: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: Male / Female

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 (i.e. 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? \_\_\_\_\_