

Chicken/Duck History/Husbandry Form

Client Name _____ Pet Name _____ Date _____

Type of chicken (if known): _____ Age _____ Sex _____

Animal is a: Pet Poultry (food) Show bird Egg producer

Does pet have a microchip? Yes No If yes, what is the microchip number? _____

Background:

Length of time owned _____ Where did you acquire pet? _____

How often is pet handled? Daily Occasionally Never

If pet lays eggs what's an average amount per week? _____

Does anyone consume the eggs? Yes No

Has pet received any vaccines? Yes No If yes what and when? _____

Any recent parasite treatments? Yes No If yes what and when? _____

Husbandry:

Housed: In a Coop Free Range How large is flock? _____

Type of coop: _____ Size of coop: _____ Coop location: _____

Coop Substrate: _____ How often is coop cleaned? _____

What is used to clean coop? _____

Do other types of pets or wildlife attempt to interact with this pet? Yes No If yes, specify _____

Other pets in the house? Yes No If yes, specify type and amount: _____

Any new additions to the flock? Yes No If yes, specify _____

Were new pets quarantined? Yes No Length of time? _____ How? _____

Nutrition:

Is pet eating well? Yes No Is pet drinking well? Yes No

Type of food offered:

Pellets? Yes No If yes, which brand _____ Amount fed/frequency _____

Grains/Corn? Yes No If yes, which brand _____ Amount fed/frequency _____

Fresh Fruit/Vegetable? Yes No If yes, which type _____ Amount fed/frequency _____

Other foods fed: _____

Supplements/Vitamins? Yes No If yes, which brand _____ Amount fed/frequency _____

Water source? _____ How often is water changed? _____

Reason for visit:

Which type of visit is this? Wellness Sick/behavior If sick/behavior issue please explain: _____

How long has pet had this issue? _____ Are other pets in house having the same issue? Yes No

Describe the pet's feces: _____

When was the last molt? _____

Any recent travel? Yes No If yes when and where? _____

Any known medication reactions? Yes No If yes please explain: _____