

## 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: \_\_\_\_\_