



PATIENT LABEL

What species (chicken/turkey/etc.) & breed is your bird? _____
 How many birds do you have (total)? _____
 What additional species/breeds do you have? _____
 Where did you get your pet? _____
 How long have you had them (months/years)? _____
 What is the purpose of your birds/flock? Please circle all that apply:
eggs for household / selling/giving away eggs / breeding stock / meat / ornamental / pets
 If _____ other, _____ please _____ describe:

 Is your bird currently laying? **Y / N** How often? _____
 When was the last time she laid an egg? _____
 Has your bird ever laid an unusual/abnormal egg? **Y / N** If yes, please describe: _____

 Is your flock part of the National Poultry Improvement Plan (NPIP)? **Y / N**

HOUSING/ENVIRONMENT

Size & type of coop/pen: _____ Are the birds kept in a coop/pen at night? **Y / N**
 Pen material/construction: _____
 Flooring: _____
 How often is the pen cleaned? _____ With what? _____
 Is the coop/pen moveable? **Y / N** If yes, how often is it moved? _____
 Are there perches? **Y / N** How many feet of perches total? _____
 Do the birds free range? **Y / N** What size free range area? _____
 Is the yard covered/fully enclosed? **Y / N** Type of fencing: _____

DIET

Do you feed any of the following to your birds?

	Brand/description:	How much per day/week?
Pelleted feed	_____	_____
Scratch grains	_____	_____
Oyster shell	_____	_____
Kitchen scraps (what kind?)	_____	_____
Vitamins (what kind?)	_____	_____
Other	_____	_____



How are your birds fed? (in a pan, scattered, etc.)? _____ How often? _____
 How often is food pan cleaned? _____ With what? _____
 How is your flock watered? _____ How many waterers? _____
 How often are waterers cleaned? _____ With what? _____

MEDICAL HISTORY

Were they vaccinated for Marek's disease? If yes, at what age? _____
 Has a veterinarian treated any of your birds? If yes, for what condition? _____
 Is your pet on any medications? Please list (type, amount frequency): _____

Have your birds shown any of the following? Circle all that apply.

- | | | | |
|---------------------------|------------------------|---------------------------|-----------------------------|
| Sneezing | Nasal discharge | Eye discharge | Change in comb color |
| Change in activity | Abnormal eggs | Abnormal droppings | External parasites |

Please describe any concerning problems: _____

When did you first notice the problem: _____
 Has it gotten worse? If yes, how? _____

BIOSECURITY

Please describe any biosecurity procedures for your flock (foot pans, cleaning, boots, etc.):

Do your birds have contact with wild animals (other birds, rodents, predators, etc.)?

If yes, how do you control this? _____

Have your birds been to shows or flock swaps? If yes, when and where? _____
