

POULTRY INFORMATION

YOUR NAME: _____ PET'S NAME: _____ DATE: _____

BREED: _____

AGE: (if known) _____ SEX: (if known) _____

NUMBER OF BIRDS IN THE FLOCK: _____

OTHER SPECIES THIS BIRD HAS CONTACT WITH: _____

IS THIS BIRD A LAYER? _____

HOW OFTEN DOES SHE LAY? _____ WHEN WAS THE LAST EGG? _____

PURCHASED AS (select one): EGG JUVENILE ADULT

VACCINATED FOR MEREK'S? _____ HOW MANY BIRDS IN THE FLOCK? _____

SIGNIFICANT PREVIOUS MEDICAL PROBLEMS: _____

WHICH OF THE FOLLOWING FOOD ITEMS DOES YOUR BIRD EAT?

(Please list as percent of total diet):

PELLETS (LAYING DIET / NON-LAYING DIET) _____ % BRAND? _____

SEED _____ % GREEN AND ORANGE VEGETABLES _____ %

FRUIT _____ % OTHER TABLE FOODS _____ %

VITAMINS OR SUPPLEMENTS: _____

DESCRIBE HOUSING AND LOCATION: _____

ACCESS TO YARD/GARDEN? _____

ANY RECENT ADDITIONS TO THE FLOCK? _____ IF SO, WHEN? _____

ANY RECENT LOSSES? _____ FOR WHAT REASON (IF KNOWN)? _____

LAST VETERINARY VISIT: _____

ON ANY MEDICATIONS WITHIN LAST MONTH? _____

IF SO WHAT? _____ LAST DOSE GIVEN WHEN? _____