

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: EGG/JUVENILE/ADULT VACCINATED FOR MEREK'S? \_\_\_\_\_

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? \_\_\_\_\_

FOWL INFO