

Poultry New Patient History



Specialized Care for Avian & Exotic Pets
10882 Main St. Clarence, NY 14031
(716) 759-0144 fax (716) 759-0146

• This Visit

Date: _____ Reason for visit today? _____

How did you hear about us (internet, drive by, friend, phone book, etc.)? _____

Have you been referred by another veterinarian? Yes (Name of Vet: _____) No

*** If your veterinarian has specifically referred your bird to us, so that we may maintain good working relationships, we will not be able to provide care for other pets you may own and request that you maintain routine care for this patient with your primary veterinarian.*

• Owner & Pet Identification

Owner's Name(s): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____ City, State, Zip: _____

E-mail: _____

Please select address you prefer for appointment/health reminders text e-mail regular mail

Emergency Contact: _____ Emergency Contact Phone: _____

Employer's Name: _____

Bird's Name: _____ Type (*Chicken/Duck/Goose/Turkey/other* _____)

Breed: _____ Age/Hatch date: _____ Sex: *Male Female Unknown*

Color: _____ Any identification? *Band Microchip Tattoo*

• Source of Bird/Flock History

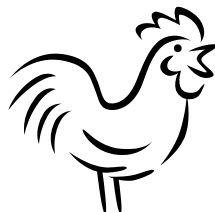
Date acquired: _____

Bird obtained from: *Hatchery* (_____) *Feed Store Private Party Other* _____

Any Flock mates ? *Same pen Housed in separate pen*

Please list #/type/age/sex if known _____

Are any other birds sick or have any died in the last 12 months? *Y/N* (Describe if yes: _____)



**** PLEASE FILL OUT BOTH SIDES OF FORM ****

• **Diet**

Pellet (Brand: _____ Starter/Grower/Layer/Breeder); Medicated? **Y/N**

Do you offer? *Scratch Grain Bugs Other* _____

Do you offer?: *Inert (Granite) Grit Calcium/Mineral/Oyster shell*

Recently added food or other dietary changes? **Y/N** (_____)

• **Housing & Environment**

Bird is kept in: *Barn/coop/pen Allowed to Free Range*

Coop Floor: *Dirt, Gravel, Wood, Concrete, Linoleum, Other:* _____

What do you use for Coop bedding? *Pine Wood Shavings Hay Other* _____

Frequency of cleaning: *Daily Weekly Monthly*

Do you offer Roost Perches? **Y/N** If yes, what types of perches? *Wood Covered wood other* _____

If laying hen, how many nest boxes do you offer? _____

Any other farm animals present? (horses, goats, other _____)

• **Previous Medical History**

Has your bird had any previously diagnosed illness? **Y/N** (_____)

Has your bird had any laboratory tests performed? **Y/N** (_____)

Is your bird taking any vitamin supplements, herbals or medications? **Y/N** (_____)

Has your bird been vaccinated for Marek’s Disease Virus? **Y/N/?**

Has your bird ever had surgery? **Y/N** (_____)

Have you noticed any of the following signs ? (check all that apply):

- Fluffed-up Difficulty breathing Change in stool consistency Regurgitation Egg-laying
- Drooping wings Eye discharge Change in appetite Full/slow crop Soft/Malformed eggs
- Lameness Change in personality Excessive water consumption Aggression Feather loss
- Difficulty perching Change in vocalizations Diarrhea or Constipation Blindness/decreased vision Bleeding

