



# ALL Creatures Family Pet Hospital

## Exotic Pet Questionnaire: POULTRY\*



\*Questions apply to chickens, roosters, ducks...etc.

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Gender: Male/Female/Capon (Circle one) Hatching Date: \_\_\_\_\_

1. What is the reason for bringing your pet(s) to ALL Creatures Family Pet Hospital for examination? (Example: annual wellness, eye problem, losing weight...etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long has this been a problem? When did the problem start? \_\_\_\_\_

\_\_\_\_\_

Has your bird been examined previously by a veterinarian at a different veterinary hospital? YES/NO (circle one)

**\*If YES, please provide copies of medical records, if available. \***

2. How did you acquire your bird (i.e. from where or whom?) \_\_\_\_\_

\_\_\_\_\_

3. How long have you been providing care for your pet? \_\_\_\_\_

4. **What do you feed, how much and how often** do you feed your pet?

(Examples: Purina layer crumbles, Purina grower formula, 1/2 cup/bird/day plus veggies, meal worms...etc. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Any recent changes in your bird's diet? \_\_\_\_\_

\_\_\_\_\_

Any regurgitation of food? ("vomiting") YES/NO (Circle one) If yes, how often and for how long? \_\_\_\_\_



# ALL Creatures Family Pet Hospital

## Exotic Pet Questionnaire: POULTRY\*



IF you feed your bird insects and other prey items, do you feed live or dehydrated, how much and how often? \_\_\_\_\_

6. Any changes in your pet's appetite? \_\_\_\_\_

7. Do you add vitamin or mineral supplements to your pet's diet? YES / NO (Circle one) If YES, how often, how much and which brands do you use? \_\_\_\_\_

8. What type of habitat do you provide for your bird and what are the approximate dimensions? (Example: 8' x 12' mobile coop, 1 acre free roam pasture...etc) \_\_\_\_\_

What is the ambient temperature of your bird's habitat? \_\_\_\_\_ °F

9. Where does your bird roost? \_\_\_\_\_

10. Describe exercise activities and frequency: \_\_\_\_\_

11. Has your pet's level of activity changed and, if so, how? \_\_\_\_\_

12. What type of **substrate** do you place on the bottom of the habitat/coop? (Example: pine shavings, straw, corncob media, none...etc.) \_\_\_\_\_

How often do you change it? \_\_\_\_\_



# ALL Creatures Family Pet Hospital

## Exotic Pet Questionnaire: POULTRY\*



13. How frequently do you provide fresh **water** for your pet & how do you provide it? (Example; water drip system, pool, pond, or bowl...etc.) \_\_\_\_\_

---



---

What is the source of the drinking water for your bird? (Example: daily well water, city water, pond water...etc.) \_\_\_\_\_

---

Any changes in your bird's water consumption? \_\_\_\_\_

---

14. Any changes in your bird's droppings? (Example: different color, strong odor, bloody, watery, less or more frequently...etc.) \_\_\_\_\_

---



---

15. What do you use to control lice and other flying pests/external parasites? \_\_\_\_\_

---



---

16. What do you use to control internal parasites like worms or coccidia? Provide drug(s), dosages given, frequency of treatments and date of last treatment(s). \_\_\_\_\_

---



---

17. How many birds do you house in the same enclosure? \_\_\_\_\_

18. If your bird has had or is having feather problems, please elaborate:

---



---



---



# ALL Creatures Family Pet Hospital

## Exotic Pet Questionnaire: POULTRY\*



How long? When did the problem start? \_\_\_\_\_

19. Is your pet **currently receiving any prescription or over the counter medications?** YES/NO (Circle one) If yes, what medication(s) are you administering, at what dose and frequency and how long has your pet been receiving the medication(s)? \_\_\_\_\_

20. What other types of pets live in the same **household** with your bird?

21. Do you attend bird shows or frequently visit pet stores that sell birds or poultry? YES/NO (Circle one) If yes, how frequently and when was the last occurrence? \_\_\_\_\_

22. Are you frequently in contact with other pet bird or poultry caregivers? YES/NO (Circle one) If yes, how often and when was the last time? \_\_\_\_\_

Briefly describe the biosecurity measures you use to protect your bird/flock: \_\_\_\_\_

23. If your bird is a **female**, and she has laid eggs recently or in the past, indicate approximate date(s) and number of eggs laid? \_\_\_\_\_



# ALL Creatures Family Pet Hospital Exotic Pet Questionnaire: POULTRY\*



IF she laid any shell-less, soft shelled, pitted shelled, broken shelled, or otherwise abnormal eggs, please describe: \_\_\_\_\_

---

---

Please, provide any additional pertinent information you feel is important, regarding the care of your pet and it's health, not covered in this questionnaire:

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---