

POULTRY HISTORY FORM

Please complete and return via fax or email:
(978) 486-0987 • littletonah@yourvetdoc.com

A detailed history is essential to provide the most appropriate veterinary care for your animal. Please complete this form as accurately as possible. If there is anything you are unsure about you can discuss it in more depth with the veterinary staff during your appointment.

Owner First Name: _____ Owner Last Name: _____

Pet's name: _____ Species: _____ Age: _____ Sex: M F

How long have you had this bird? _____ Where did you obtain this bird? _____

Does your bird lay eggs? Y N If yes, how frequent does she lay? _____

Does your bird lay year round? Y N Do you know when she last laid? _____

Is your bird vaccinated for Marek's? Y N Unknown

Any other vaccines: _____

How many birds are in this flock? _____

Where is this bird in the "pecking order?" _____

List any other pets you have beside this flock: _____

When was the last bird added to this flock? _____

REASON FOR PRESENTATION TODAY

What is the primary complaint or what signs have you noticed? How long have these problems been present? _____

Describe any health problems previously found in this flock: _____

Has your bird received any treatment in the last 30 days? Y N if yes, please give details (what was used, dosage, how often, duration): _____

Are any other birds in the flock showing similar symptoms? Y N

Have any other animals or persons in the household had any illness in the last 30 days?

DIET

List everything fed to the flock (Include brand names of commercial foods, human foods/scraps, etc.):

Describe how the food is stored: _____

Do you use any supplements or medications? Y N If yes, describe type, frequency, dose and type of delivery (ie via water, food, etc. _____

Please continue to page 2.

COOP/ENVIRONMENT

Describe your coop layout (size, materials, etc): _____

Describe outdoor space (caged vs free roam): _____

Describe cleaning procedures: _____

Describe biosecurity protocols: _____

Has your coop ever been tested for lead? Y N

Has your soil ever been tested for lead? Y N Results if applicable:

What water sources are available to your flock?

Bowls ___ Kiddie pool ___ Drip system ___ Lake/pond ___

Other: _____

How often do you clean water source? _____