

Avian/Chicken Husbandry Form



Date: _____ Appt. Time: _____

Client name: _____

Pet name: _____ Species/Breed: _____

Sex (circle): *Male* *Female* *Unknown*

DOB or Age (*rough estimate if exact unknown*): _____

Background Information:

Chickens-Marek's vaccinated: *Yes* *No* *Unknown*

Length of time owned: _____ Where acquired (circle): *Breeder* *Pet Store* *Other*

Housed (circle): *Indoors* *Outdoors* Is the pet allowed free roam in the home: _____

Previous treatments: _____

How often is animal handled? (circle): *Daily* *Occasionally* *Never*

Fecal output (circle): *Normal* *Diarrhea* *None* Urates output (circle): *Normal* *Abnormal*

Any other pets? (circle): *Yes* *No* If yes, specify: _____

Is Bird housed with other animals? (circle): *Yes* *No* If yes, specify: _____

Any recent additions of birds/animals to the household: _____

Are there any signs of respiratory distress? _____

Are any other birds showing signs of respiratory distress? _____

Husbandry:

Type of cage: _____ Size of cage: _____ Where is cage located: _____

Cage substrate: _____ How often is cage substrate cleaned: _____

Perch type and how many: _____

Type of disinfectant used to clean the cage: _____

Do you cover at night: *Yes* *No* How many hours: _____

Nutrition:

Type/Ratio of foods offered (ex: 50% veggies, 50% seeds): _____

Supplements given: _____ Medications given: _____

Frequency of feedings: _____ Last feeding: _____

Appetite: _____

Water source: _____ Frequency changed: _____