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| **Chicken/backyard poultry husbandry questionnaire** Many health problems in backyard poultry can arise from inappropriate husbandry. By filling out the information below, to the best of your ability, we can more accurately identify your bird’s problem/s. | | | | | | | |
| **GENERAL** | | | | | | | |
| Name: | | | | | | | |
| Species/breed: | | | | | | | |
| Age/date of birth: | | | | | Is age accurate or estimate? | | |
| Gender (note method that gender was identified (eg. DNA sexing, lays eggs)): | | | male | | female | | unknown |
| How long have you owned your bird? | | | | | | | |
| Where did you obtain your bird? | | | | | | | |
| Has your bird received any vaccinations? | | | | | | | |
| Do you routinely administer any anti-parasite treatments? | | | | | | | |
| Do you own any other birds/pets? | | | | | | | |
| **HOUSING** | | | | | | | |
| Coop size and material: | | | | | | | |
| Where is the coop located? | | | | | | | |
| Is the coop predator, pest and weather proof? | | | | | | | |
| Number of perches: | | Perch material: | | | | | |
| Furniture (list and describe types and material, nest box and any other furnishing): | | | | | | | |
| What is on the bottom of the coop? | | | | | | | |
| How often is the coop cleaned and with what? | | | | | | | |
| Does your bird free roam in the backyard? If so, how many hours a day? | | | | | | | |
| **DIET** | | | | | | | |
| Which of the following do you feed your bird? | Description/brand | | | Amount fed | | Frequency fed | |
| Seed mix |  | | |  | |  | |
| Pellets |  | | |  | |  | |
| Vegetables/fruit |  | | |  | |  | |
| Grit (shell, egg shells) |  | | |  | |  | |
| Human food/scraps |  | | |  | |  | |
| Supplements |  | | |  | |  | |
| Other |  | | |  | |  | |
| Type of food dish (number, size, material): | | | | | | | |
| Water dish, water source and frequency changed: | | | | | | | |
| **routine** | | | | | | | |
| Bedtime and waking up time: | | | | | | | |
| Does your bird lay eggs? If so, how often and are the eggs normal in appearance? | | | | | | | |
| Do you or your family members consume the eggs? | | | | | | | |
| Does your bird have any behavioural problems that concern you? | | | | | | | |
| **ADDITIONAL INFORMATION** | | | | | | | |
| If there are any other important aspects of your bird’s husbandry, please note them here: | | | | | | | |
| What is the primary reason for your bird’s vet visit? | | | | | | | |
| If possible, please bring photos of your bird’s housing.Thank you. We look forward to meeting you soon. | | | | | | | |