



Date: _____

Animal Information

Name _____

Species _____

Breed _____

DOB/Age _____ Weight _____

Male _____ Female _____

Owner Information

Name _____

Phone _____

Address _____

Email _____

About

Obtained From: Breeder Pet Store Hatchery Friend Auction Other _____

Flock Size: _____ Chickens Only Mixed Poultry: _____

Lives: Contained: Run Size _____ Free Range: Area Size _____ Both

Other animals in household: _____

Is your chicken: Broody Molting

Appetite: Normal Other _____

Water Consumption: Normal More than normal Not enough

Current Feed/Brand: _____

Any recent changes to food? _____

Table/Garden Scraps (type) _____

Treats (type) _____

Supplements: _____

Medications: _____

How often do you clean feeders/waters? Daily 3-4x/week 2-3x/week Weekly Longer

Is feed/water shared with waterfowl? Yes No

Past Medical History

Current Veterinarian: _____

Last Physical Exam: _____ Reason: _____

Previous Medical Conditions: _____

Current Vaccinations

Mereks Yes Date: _____ No Unsure

Coccidia Yes Date: _____ No Unsure

Other Vaccines: _____

Any vaccine reactions? _____

Presence of Pests

Ticks Mites Lice Worms Gape Worm Other: _____

Current Treatments/Products Tried? _____

How long? _____

Results? _____

What environmental factors are present?

Coop

- 1) Cleaners
Type/Brand _____

- Surface Used On _____
- 2) Bedding
 - Deep Litter
 - Shavings Type: _____
 - Straw
 - Hay
 - Other: _____
- 3) Pests
 - Rodents
 - Flies
 - Bees
 - Mites/Lice
 - TicksPest Control Products Used _____

Outside

- 1) Products used/exposed to: _____

- 2) Yard/Pasture/Garden
 - Fertilizers _____
 - Weed Killers _____
 - Moss Removal
Yard or Roof _____
- 3) Predators
 - Dogs
 - Cats
 - Coyotes
 - Weasel
 - Racoons
 - Opossum
 - Eagle/Hawk
 - Other: __________

Are there any negative energy stressors present?

- Trauma _____

- New Flock Members _____
 - Recent Attack/Death _____
 - Neighbor's Pets _____
 - Other: _____
- _____

What is your concern/condition? _____

What are the symptoms? _____

How long has this been occurring? _____

If you have any of the following, please provide veterinary diagnosis, lab results, allergy tests, etc. _____

Is there anything else we should know? _____

Email completed forms & supporting documentation to:
diana@dinamicanimalservices.com