



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

☐ Ticks

Pest 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@radiancewellnessservices.com](mailto:diana@radiancewellnessservices.com)