

Flock Update Form

Date: _____ Client: _____ Premise ID #: _____

Are you or anyone allergic to any medications? YES NO

If yes, What medications? _____

Reason for Current Visit:

1. As of today, how many of the following types of birds of any age do you keep on your premises?

- A. Chickens: Adult Hens _____ head
- B. Chickens: Adult Roosters _____ head
- C. Chickens: Chicks/Pullets _____ head
- D. Turkeys _____ head
- E. Ducks _____ head
- F. Other waterfowl (geese, swan) _____ head
- G. Pigeons or Doves _____ head
- H. Game bird (quail, pheasants) _____ head
- I. Guinea fowl _____ head
- J. Pea fowl _____ head
- K. Other species (specify: _____) _____ head

Total number of birds on your premises today: _____ head

2. Did you obtain any new birds since the last visit? Yes No (If no, skip to 4)

Date	Seller (sale/hatchery/store etc.)	City/State of origin	# birds	Bird Age
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. Were new birds:

- A. Vaccinated for Mareks: Yes No
- B. Quarantined: Yes No
- C. Show symptoms of illness during quarantine:..... Yes No

4. How many birds have died since the last visit? _____

Date	Cause of Death
_____	_____
_____	_____
_____	_____
_____	_____

Where prevention is the best medicine for your flock

5. Did you have any of the following problems in your flock since the last visit?

- A. Diarrhea..... Yes No
- B. Respiratory (nasal/ocular discharge, cough/sneeze, "snicking", swollen sinuses) Yes No
- C. Neurologic (incoordination, weakness) Yes No
- D. Weight loss Yes No
- E. Feed refusal/depression (droopy birds) Yes No
- F. Sudden decreased production (egg laying, hatchability, no weight gain) Yes No
- G. Unexplained death loss Yes No
- H. Other (specify: _____) Yes No

6. What type of feed do you give? (Brand, % Protein, mash/crumble/pellet, ect)

How do you store your feed? _____

Do you mix anything into the feed? Yes No

Do you offer oyster shell..... Yes No

Do you offer Grit..... Yes No

How often do you clean/change the water? _____

What is your water source? City Water Well Deep Well Other _____

7. Do you give other food besides feed (treats)? Yes No

Treat	Amount	How often	What time of day is it given?
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. Are your birds on any medications or supplements? Yes No

Medication	Dose	Administration (water, feed, injection)	For how long?
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. What changes have you made in your set up or management practices since the last visit?

10. Are there any questions or concerns you would like addressed before we leave today?

