



Where prevention is the best medicine for your flock

### 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
_____	_____
_____	_____
_____	_____
_____	_____

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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)

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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? \_\_\_\_\_

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

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

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

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

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

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

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