WE APPRECIATE THE OPPORTUNITY TO CARE FOR YOUR FLOCK

We will gladly prepare a written estimate if you desire.

**PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE RENDERED**

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OWNERS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Mr., Ms., Mrs, Dr) Last, First

CO-OWNER/OTHER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Mr., Ms., Mrs, Dr) Last, First

Bird Premise ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City State ZIP County

MAILING/Home ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City State ZIP

HOME PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CO-OWNER PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SECONDARY PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If applicable)

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYERS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAY WE CALL YOU AT WORK IF NECESSARY? [ ] YES [ ] NO

IN CASE OF A PERSONAL EMERGENCY, PLEASE CALL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOW DID YOU FIND OUT ABOUT US?**

[ ] Individual. Whom may we thank for your referral?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Facebook [ ] Google/search engine [ ] Online phone book

[ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE ADD ME TO YOUR MONTHLY NEWSLETTER [ ] YES [ ] NO

Do you have a Premise ID Number? [ ] YES [ ] NO If yes, what is it? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ARE YOU, OR ANYONE IN YOUR HOUSEHOLD, ALLERGIC TO ANY MEDICATIONS? [ ] YES [ ] NO

IF YES, what medications? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*General Management*

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

 A. Chickens: Adult Female egg breeds \_\_\_\_\_\_\_\_\_\_ head

B. Chickens: Adult Male egg breeds \_\_\_\_\_\_\_\_\_\_ head

C. Chickens: Chicks/ Pullets \_\_\_\_\_\_\_\_\_\_ head

D. Chickens: meat breeds \_\_\_\_\_\_\_\_\_\_ head

E. Chickens: game fowl \_\_\_\_\_\_\_\_\_\_ head

F. Chicken: others (show/exhibition) \_\_\_\_\_\_\_\_\_\_ head

G. Turkeys \_\_\_\_\_\_\_\_\_\_ head

H. Ducks \_\_\_\_\_\_\_\_\_\_ head

I. Other water fowl (e.g., geese, swan) \_\_\_\_\_\_\_\_\_\_ head

J. Pigeons or doves \_\_\_\_\_\_\_\_\_\_ head

K. Ratites (e.g., ostrich, emu) \_\_\_\_\_\_\_\_\_\_ head

L. Game birds (e.g., quail, pheasant) \_\_\_\_\_\_\_\_\_\_ head

M. Guinea fowl \_\_\_\_\_\_\_\_\_\_ head

N. Pet birds (breeds not normally used for food and usually housed in cages

 in the home, like parrots, cockatiels, parakeets, finches, and canaries) \_\_\_\_\_\_\_\_\_\_ head

O. Other species of birds (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_ head

Total number of birds on your premises today \_\_\_\_\_\_\_\_\_\_ total

2. How far is your premises to the nearest:

A. feedstore? Miles: \_\_\_\_\_\_\_\_

B. commercial poultry operation? Miles: \_\_\_\_\_\_\_\_

C. Backyard/urban farm? Miles: \_\_\_\_\_\_\_\_

**The remaining questions refer only to poultry (Not pet birds listed under 1N)**

3. Do the birds you keep on your premises have access to:

A. the ground outside? [ ] Yes [ ] No

B. neighboring premises? [ ] Yes [ ] No

4. Are any birds you keep on your premises kept in the following housing types?

A. Outdoors, confined to your property [ ] Yes [ ] No

B. Outdoors, able to leave property (free range) [ ] Yes [ ] No

C. Inside such as in a barn or coop [ ] Yes [ ] No

 If YES,

 C1. Are birds turned out to outdoors? [ ] Yes [ ] No

 C2. How are indoor birds housed? [ ] Cages [ ] Pens [ ] Coop  [ ] Other (specify \_\_\_\_\_\_\_\_\_\_)

5. Do the following types of animals have access to the area where poultry are kept?

A. Owner’s dogs or cats [ ] Yes [ ] No

B. Neighbor’s dogs or cats [ ] Yes [ ] No

C. Neighbor’s poultry [ ] Yes [ ] No

D. Wild birds [ ] Yes [ ] No

E. Pigs [ ] Yes [ ] No

F. Cattle/sheep/goats [ ] Yes [ ] No

G. Other animals (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) [ ] Yes [ ] No

6. In the last year, did you use veterinarian services for any bird(s) for any reason? [ ] Yes [ ] No

 What veterinarian did you see? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Where do you get most of your birds’ medication? (If no medications used, check all No.)

A. Mail order or internet [ ] Yes [ ] No

B. Farm or feed store [ ] Yes [ ] No

C. Make own [ ] Yes [ ] No

D. Veterinarian [ ] Yes [ ] No

E. Other suppliers (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) [ ] Yes [ ] No

F. What medications are your birds currently on?

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. What medications have you used in the past? (examples: Coccidiosis prevention, vitamins/probiotics, antibiotics)

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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9. Has your poultry flock been vaccinated following diseases?

A. Newcastle disease [ ] All birds [ ] Some of the birds [ ] None

B. Marek’s disease [ ] All birds [ ] Some of the birds [ ] None

C. Laryngotracheitis (LT) [ ] All birds [ ] Some of the birds [ ] None

D. Pox [ ] All birds [ ] Some of the birds [ ] None

E. Infectious bronchitis (IBV) [ ] All birds [ ] Some of the birds [ ] None

F. Other diseases (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) [ ] All birds [ ] Some of the birds [ ] None

10. What type of feed do you give? Include Brand, % Protein, Pellet/Crumble/Mash for each bird group

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 How do you store your feed?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How quickly do you go through feed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Do you offer oystershell……………. [ ] 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If you have well water, when was the last time it was tested for minerals and bacteria? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Did you have any of the following problems in your flock in the last 3 months?

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

*Biosecurity*

1. Which of the following **best** describes the biosecurity precautions for the feet required

 for anyone going into the poultry area? *(Check 1 only)*

Boots or shoes dedicated solely for the poultry area

 Disposable boot or shoe covers

 Use of footbath before or after entry

Scrub boots/shoes before or after entry

No requirements

2. Do you require that dedicated clothing or a change of clothing be put on before anyone enters the poultry area? Yes  No

3. Do you require that hands be washed:

A. before handling the poultry? [ ] Yes [ ] No

B. after handling the poultry? [ ] Yes [ ] No

4. Are visitors such as neighbors, repairmen, meter readers, allowed in the poultry area? [ ] Yes [ ] No

A. If YES, are visitors asked about contact with other birds before allowed in area? [ ] Yes [ ] No

*Bird Movement*

1. Where have you obtained your birds?

Date Seller (sale/hatchery/store etc.) City/State of origin # birds Bird age (state if fertile egg)

\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. Were new birds usually quarantined/ isolated from the [ ] Yes [ ] No

 rest of the flock upon arrival? [ ] No other birds present

 If Yes, how many days do you usually quarantine/isolate the birds? \_\_\_\_\_\_\_\_ days

How far away is your quarantine/isolation pen from rest of the flock?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you have dedicated shoes, tools and clothes for the quarantined/isolated birds? [ ] Yes [ ] No

Did you take a shower and change your clothes after working with the new birds

 before returning to your established flock? [ ] Yes [ ] No

3. Did all, some, or none of the new birds come with a guarantee of health or health certificate?

 [ ] All [ ] Some [ ] None

4. Did you sell or give away birds in the last year **SELLING** stock [ ] Yes [ ] No

 IF YES, where do you get and sell/give away your stock?

A. Local commercial hatchery [ ] Yes [ ] No

B. Private individual (e.g., neighbor) [ ] Yes [ ] No

C. Feed or farm store [ ] Yes [ ] No

D. Fair or show [ ] Yes [ ] No

E. Live bird market [ ] Yes [ ] No

F. Flea or farmer’s market [ ] Yes [ ] No

G. Auction market [ ] Yes [ ] No

H. Mail order or internet [ ] Yes [ ] No

I. Poultry dealer or wholesaler [ ] Yes [ ] No

J. Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) [ ] Yes [ ] No

5. If birds were sold or given away in the last year, did any birds go to the following locations?

A. within your county? [ ] Yes [ ] No

B. outside your county but within your state? [ ] Yes [ ] No

C. outside your state but within the U.S. [ ] Yes [ ] No

D. outside the U.S. [ ] Yes [ ] No

6. How many times in the last year did you take any of your birds to a location, for example, fair, show, etc.,

 where other birds were present and then you returned your birds to your premises? \_\_\_\_\_\_\_\_ times last yr

If yes, were any of these trips:

A. within your county? [ ] Yes [ ] No

B. outside your county but within your state? [ ] Yes [ ] No

C. outside your state but within the U.S. [ ] Yes [ ] No

D. outside the U.S. [ ] Yes [ ] No

Were the birds always, sometimes, or never isolated or quarantined before they were re-commingled with other birds on your premises?

 [ ] Always isolate [ ] Sometimes isolate [ ] Never isolate [ ] No other birds on premises

If you isolate, how long do you isolate the birds? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Do you visit a locations that had live birds, such as a market, feedstore with birds, fair, or neighbors premises? Yes  No

If YES, did you take any of the following biosecurity measures before re-entering your own poultry area?

A. Change clothes [ ] Yes [ ] No

B. Change boots or shoes (or foot covers) [ ] Yes [ ] No

C. Wash hands [ ] Yes [ ] No

D. Shower [ ] Yes [ ] No

E. Take other precautions (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) [ ] Yes [ ] No

*Carcass Disposal*

1. Not counting birds slaughtered for human consumption, how many of your birds died in the last year? \_\_\_\_\_\_\_\_

2. Which of the following is the **primary** method of disposing of dead birds? *(Check 1 only)*

[ ]Incinerate [ ]  Compost

[ ] Bury on premises [ ]  Taken to a landfill or put in trash

[ ]Render picked up [ ] Fed to other animals

[ ]Carcass taken to renderer [ ]  Other disposal methods (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

3. Which of the following best describes how you dispose of used poultry litter and manure? *(Check 1 only)*

[ ]Place in manure shed/composted [ ] Haul away (sell or give away)

[ ] Leave in an outdoor pile [ ] Other disposal methods (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

[ ] Spread on field/garden at this location [ ] Do not have enough litter/manure to deal with

 [ ] Take to a landfill or put in trash

About You

1. On a scale of 1 to 10, with 1 being least important and 10 being most important, how important are the following reasons to you for why you have birds?

 *Least important Most important*

A. Family tradition 1 2 3 4 5 6 7 8 9 10

B. Fun/Hobby 1 2 3 4 5 6 7 8 9 10

C. Pet/Companionship 1 2 3 4 5 6 7 8 9 10

C. Income 1 2 3 4 5 6 7 8 9 10

D. Food source 1 2 3 4 5 6 7 8 9 10

E. Lifestyle 1 2 3 4 5 6 7 8 9 10

F. Social interactions (4H, clubs) 1 2 3 4 5 6 7 8 9 10

G. Other reasons to have birds 1 2 3 4 5 6 7 8 9 10

 (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

2. How many years have you or your family raised birds on this premises? \_\_\_\_\_\_\_\_ years

3. Does anyone in this household work for a

 commercial poultry production or processing facility? [ ] Yes [ ] No

4. Do you belong to any type of poultry or avian association? [ ] Yes [ ] No

 If yes, which ones?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_