



## New Client Information

**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? \_\_\_\_\_



## New Client Information

### *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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. neighboring premises? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
  
4. Are any birds you keep on your premises kept in the following housing types?
 

A. Outdoors, confined to your property.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Outdoors, able to leave property (free range) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Inside such as in a barn or coop .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If YES,

C1. Are birds turned out to outdoors? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
C2. How are indoor birds housed? .....	<input type="checkbox"/> Cages	<input type="checkbox"/> Pens	<input type="checkbox"/> Coop	<input type="checkbox"/> Other (specify _____)



## New Client Information

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?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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



## New Client Information

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?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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



## New Client Information

### *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 when acquired
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. Were new birds usually quarantined/ isolated from the rest of the flock upon arrival? .....  Yes     No
  - 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



## New Client Information

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



## New Client Information

### *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*)
 

<input type="checkbox"/> Incinerate	<input type="checkbox"/> Compost
<input type="checkbox"/> Bury on premises	<input type="checkbox"/> Taken to a landfill or put in trash
<input type="checkbox"/> Render picked up	<input type="checkbox"/> Fed to other animals
<input type="checkbox"/> Carcass taken to renderer	<input type="checkbox"/> Other disposal methods (specify: _____)
3. Which of the following best describes how you dispose of used poultry litter and manure? (*Check 1 only*)
 

<input type="checkbox"/> Place in manure shed/composted	<input type="checkbox"/> Haul away (sell or give away)
<input type="checkbox"/> Leave in an outdoor pile	<input type="checkbox"/> Other disposal methods (specify: _____)
<input type="checkbox"/> Spread on field/garden at this location	<input type="checkbox"/> Do not have enough litter/manure to deal with
<input type="checkbox"/> 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?

	<i>Least important</i>										<i>Most important</i>
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? \_\_\_\_\_