



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? _____



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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 _____)



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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

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



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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? _____

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



New Client Information

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)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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



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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*)

- | | |
|--|--|
| <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 | |



New Client Information

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? _____