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

HOME ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State ZIP County

MAILING ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State ZIP

HOME PHONE:\_\_\_( ) - \_ CELL:\_\_( ) - \_\_\_ WORK:\_\_\_( ) - \_\_\_

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

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

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

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

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

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

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

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

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

PLEASE PUT ME ON YOUR MAILING LIST [ ] YES [ ] NO

Are you, or anyone in your household, allergic to 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: table egg breeds \_\_\_\_\_\_\_\_\_\_ head

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

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

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

E. Turkeys \_\_\_\_\_\_\_\_\_\_ head

F. Ducks \_\_\_\_\_\_\_\_\_\_ head

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

H. Pigeons or doves \_\_\_\_\_\_\_\_\_\_ head

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

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

K. Guinea fowl \_\_\_\_\_\_\_\_\_\_ head

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

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

M. 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 1L)**

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?

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

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

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

9. Has your poultry flock been vaccinated following diseases?

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

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

C. Coccidiosis [ ]  All birds [ ]  Some of the birds [ ]  None

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

E. Infectious Laryngotracheitis (ILT) [ ]  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 (Brand, % Protein, Pellet/crumble/mash)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 oyster shell……………. [ ] 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

*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 separated or quarantined from the [ ] Yes [ ]  No

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

If Yes, how many days do you usually separate or quarantine the birds? \_\_\_\_\_\_\_\_ days

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

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 [ ] 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 and Litter 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

[ ] Taken 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

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

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

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

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

H. 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?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_