



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

HOME ADDRESS: _____
Street City State ZIP County

MAILING ADDRESS: _____
Street City State ZIP

HOME PHONE: _____ CELL: _____ WORK: _____

CO-OWNER PHONE: _____ SECONDARY PHONE: _____
(If applicable)

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? _____



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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: 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?	<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



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

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



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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 separated or quarantined from the rest of the flock upon arrival? Yes No
 If Yes, how many days do you usually separate or quarantine the birds? No other birds present
 How far away is your quarantine pen from rest of the flock? _____ days

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



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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 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
- 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
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? _____