Office use
DR ☐ IN ☐
RM

Patient History - Poultry/Water Fowl

DATE ______________________________

Owner's Name: ______________________________ Pet Name: ______________________________
Species: ______________________________ Date of Birth/Age: ______________________________
Source of Pet/Date Acquired: ______________________________ Sex: ☐ M ☐ F ☐ Unknown
Identification/Markings/Color: ______________________________
Vaccinated? ______________________________

Enclosure/Environment

Basic enclosure type: (i.e. pen, yard) ______________________________
Is there a coop? ______________
If applicable, water source for swimming ______________________________
Cleaned how often? ______________________________
Are there any other pets in household? ______________
List species and how many of each: ______________________________
Is the bird in contact with any other pets/animals? ______________________________

Nutrition

What food is currently being offered (list pellets, seeds, fresh foods, etc)? ______________________________

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Of this diet, what does the bird actually consume? ______________________________
How often is the food offered?(daily/twice daily/etc.) ______________________________
Dietary supplements offered? ______________ How often: ______________________________

Previous History

History of egg laying/reproducing? ______________ If yes, when was the last time? ______________
History of internal/external parasites? ______________ If yes, last time and treatment? ______________
Has your bird been to a veterinarian before? __________
If so, where? ______________________________

Other

Do you eat any eggs produced by this patient or flock? ______________________________

The reason for your visit today/Health concerns about your bird: ______________________________

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Wt. ______________ g HR ______________ RR ______________

Today's Plan: Nail Trim Wing Trim Fecal Blood Work (CBC/CHEM) DNA Picture DONE _______
Notes: ______________________________

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