

## AVIAN & EXOTICS - CHICKEN/ DUCK HISTORY

### YOUR DETAILS

Your Name							Pets Name			Date		
Where did you obtain your bird from?	<input type="radio"/> Pet Store	<input type="radio"/> Breeder	<input type="radio"/> Rescue Group	<input type="radio"/> Friend or Family	<input type="radio"/> Private Sale	<input type="radio"/> Wild	<input type="radio"/> Other	_____				
How long have you owned it?				Estimated age when obtained				Has your chicken been vaccinated (Marek's Disease)?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown	
Has your chicken had any intestinal worming?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown	If yes, when was it last given?				How was it given?	<input type="radio"/> Direct into beak	<input type="radio"/> In water	<input type="radio"/> Unknown	

### ENCLOSURE

Is your bird housed	<input type="radio"/> Only Indoors	<input type="radio"/> Only Outdoors	<input type="radio"/> Both Indoors and Outdoors	The enclosure is constructed from:							
What is the substrate on the bottom of the coop?					The perches are made of:						

### DIET

What is your birds daily diet					Are any supplements given:						
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### OTHER PETS

Types of other pets in household:					Previous problems, death or illness:						
Other birds in household					Are the other birds housed together or separately?						
When was the most recent bird acquisition?					Was there any quarantine followed when new birds where acquired?						

### ACCESS TO HAZARDS

Exposure to wild birds:	<input type="radio"/> Yes	<input type="radio"/> No	Exposure to rodents:	<input type="radio"/> Yes	<input type="radio"/> No	Access to chocolate:	<input type="radio"/> Yes	<input type="radio"/> No	Access to avocado:	<input type="radio"/> Yes	<input type="radio"/> No
Access to garlic or onion:	<input type="radio"/> Yes	<input type="radio"/> No	Access to rhubarb:	<input type="radio"/> Yes	<input type="radio"/> No	Access to renovation materials (screws, nails etc)	<input type="radio"/> Yes	<input type="radio"/> No	Exposure to pesticides (including rodenticides):	<input type="radio"/> Yes	<input type="radio"/> No

### REPRODUCTIVE BEHAVIOUR

Does your chicken show reproductive behaviour?							Is there access to a nest box?	<input type="radio"/> Yes	<input type="radio"/> No
How frequent does your chicken lay eggs?	<input type="radio"/> None	<input type="radio"/> Daily	<input type="radio"/> Weekly	<input type="radio"/> Other	_____		Is there any history of abnormal shaped or shelled eggs:		

**RECENT HISTORY**

Activity and energy levels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Appetite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Normal	Increased	Decreased	Unknown		Normal	Increased	Decreased	Unknown
Thirst	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Faecal production	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Normal	Increased	Decreased	Unknown		Normal	Increased	Decreased	Unknown
Urate production	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other changes to urine				
	Normal	Increased	Decreased	Unknown					

Changes in respiration (sneezing, coughing, nasal discharge, laboured breathing)	
Previous veterinary testing	
Current medications	
Intestinal worming	
Current concerns	

**Thank you taking time to complete this form. Please send it to [info@sashvets.com](mailto:info@sashvets.com) before your appointment**