Poultry/ Avian History Form

Dai	e/
Ow	ner First/Last Name:
Pet	's Name:
Spe	ecies and breed (if known):
Wh	at is the primary reason for your visit and what concerns do you have today?
Has	s your pet received any treatment at home? What was given, and how long was it giver
	s your pet been seen at another clinic? If so, please list the clinic name so we can call fords.
Hov	v old is your pet? v long have you had your pet? ere did you get your pet from? Pet store Provider Private party Other
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How frequently do you spot clean and fully clean the enclosure?
How often do you clean the food and water dishes?
What do you use to clean the enclosure and dishes?
How many laying boxes are in the enclosure if any?How big are the boxes?
When is the last time pet has laid an egg?
What do you primarily feed your pet (i.e. pellets,seeds, fruits/veggies)? Please list brands if known.
How much and how often do you feed your pet?
What treats do you give your pet? How often?
Do you use vitamin or mineral supplements? If so what kind and how often?
What is the maximum and minimum temperature in the enclosure?
What heating source is available for the birds in the wintertime?
Have there been any new birds recently introduced to the flock? If yes, When?
How often does this pet interact with the other pets?