



**Canadian Poultry Consultants**  
**Small Flock Veterinary Care**  
 NEW CLIENT INTAKE FORM

Date:

Owner Name:

Home Address:

Mailing Address:

Home Phone:

Cell Phone:

Email:

Please add me to your mailing list:  YES  NO

*How did you hear about us?*

Referral - Whom may we thank? \_\_\_\_\_

Google/Search Engine

Veterinarian

Other: \_\_\_\_\_

**General Management**

1. As of today how many of each type of birds do you have on your premises?

Chickens for Meat	Chickens for Eggs	Chickens: Game Fowl	Chickens for Show
Turkeys	Ducks	Geese/Swans	Pigeons/Doves
Ostrich/Emu	Quail/Pheasants	Guinea Fowl	Parrots/Cockatiels/Finches/Canaries/Parakeets
Other:			

2. How far is your premise to the nearest:

- a. Feed store?.....\_\_\_\_\_KM
- b. Commercial poultry farm?.....\_\_\_\_\_KM
- c. Backyard/urban farm?.....\_\_\_\_\_KM

3. Do you backyard birds have access to the ground outside?  YES  NO

4. How are your birds housed?

- a. Outdoors, confined to your property ..... YES  NO
  - b. Outdoors, able to leave the property .....  YES  NO
  - c. Inside, such as barn or coop .....  YES  NO
- Are birds turned in and out? .....  YES  NO

How are indoor birds housed? Cages Pens Coop Other:\_\_\_\_\_

5. Do the following types of animals have access to your flock?
- a. Owner's dogs or cats?  YES  NO
  - b. Neighbor's dogs or cats?  YES  NO
  - c. Neighbor's poultry?  YES  NO
  - d. Pigs/cattle/sheep/goats?  YES  NO
  - e. Other: \_\_\_\_\_
6. Has a veterinarian seen and diagnosed your birds with any medical conditions in the last year?  YES  NO
- a. If yes what did they find? \_\_\_\_\_
7. Where do you purchase your poultry medications?  Mail/Internet  Feed store  Homemade  
 Veterinarian  Other: \_\_\_\_\_
8. Please list any medications you are currently using.  
 \_\_\_\_\_  
 \_\_\_\_\_
9. Please list any medications you have used in the past.  
 \_\_\_\_\_  
 \_\_\_\_\_
10. Do you vaccinate for the Following diseases?
- a. Newcastle Disease ..... All Birds  Some Birds  None
  - b. Marek's Disease ..... All Birds  Some Birds  None
  - c. Infectious Bronchitis (IBV) ..... All Birds  Some Birds  None
  - d. Laryngotracheitis ..... All Birds  Some Birds  None
  - e. Pox ..... All Birds  Some Birds  None
  - f. Other \_\_\_\_\_
11. What type of feed and treats do you provide?  
 \_\_\_\_\_  
 \_\_\_\_\_
- Oyster shell  Grit
12. How often do you clean and change the water? \_\_\_\_\_
13. How many birds did you lose to mortality in the last year? \_\_\_\_\_
14. How do you dispose of dead birds? \_\_\_\_\_
15. How do you dispose of used poultry litter and manure? \_\_\_\_\_
16. Where do you acquire your birds? Hatchery name: \_\_\_\_\_ City of Origin \_\_\_\_\_  
 Hatchery name: \_\_\_\_\_ City of Origin \_\_\_\_\_
17. Do you quarantine new birds?  YES  NO For how long? \_\_\_\_\_ Distance from flock \_\_\_\_\_
18. If and when you visit other locations with live birds do you take any biosecurity measures before re-entering your own poultry area?  Change Clothes  Wash Hands  Shower  Other: \_\_\_\_\_