

# BETHEL VETERINARY HOSPITAL

## *Chicken Questionnaire*

Name of pet: \_\_\_\_\_

Species: \_\_\_\_\_ Age: \_\_\_\_\_

Age obtained: \_\_\_\_\_ Where obtained (pet store, breeder, etc.): \_\_\_\_\_

List of other pets in the household: \_\_\_\_\_

Identification: Microchip \_\_\_ Band \_\_\_ Tattoo \_\_\_ Number \_\_\_\_\_

Any other birds in coop: (Yes or No) How many? \_\_\_\_\_

What is the size of the coop? \_\_\_\_\_

What material is the coop made out of? \_\_\_\_\_

What toys do you provide for your chicken?

\_\_\_\_\_  
\_\_\_\_\_

What types of perches does your coop have? \_\_\_\_\_

How many? \_\_\_\_\_

What do you feed your chicken? (pellets, seed, seed mix, vegetables, fruit, table scraps, treats, vitamins)

\_\_\_\_\_  
\_\_\_\_\_

How often is food replaced? \_\_\_\_\_

How much and how often? \_\_\_\_\_

How often do you clean the water bowl? \_\_\_\_\_

Do you bathe your bird? (Yes or No)

What do you use to line the bottom of the coop? \_\_\_\_\_

How much time does the bird get outside of its coop? \_\_\_\_\_

Exposure to UVB: Direct sunlight \_\_\_ UVB bulb \_\_\_ How many hours? \_\_\_\_\_

Do you know about the disease Psittacosis (Chlamydiosis, Parrot Fever)? (Yes or No)

If female, does your chicken lay eggs? (Yes or No) If so how often? \_\_\_\_\_

Any behavioral issues? (Yes or No)

Describe: \_\_\_\_\_

Has your chicken been to a veterinarian before? (Yes or No)

Has your chicken ever been tested for any diseases? (Yes or No)

Which diseases? \_\_\_\_\_

Any previous illnesses or injuries? \_\_\_\_\_

Why are you here today? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_