



North Portland Veterinary Hospital

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## **CHICKEN QUESTIONNAIRE**



*Please fill out as much of the information below as possible. A full background history is essential in helping us work towards the diagnosis of any problem.*

Your Name \_\_\_\_\_

### **Reason for Consult**

\_\_\_\_\_

### **ANIMAL**

Pet Name \_\_\_\_\_

Age \_\_\_\_\_

Sex \_\_\_\_\_

Place of Acquisition \_\_\_\_\_

Age at Acquisition \_\_\_\_\_

Breed \_\_\_\_\_

**COOP**

How many chickens do you have? \_\_\_\_\_

Are your chickens allowed outside of their coop? \_\_\_\_\_

Describe their enclosure/access to shade/food/water. \_\_\_\_\_

What litter material do you use in the coop? \_\_\_\_\_

**HEALTH**

When was the last time your chicken laid eggs? \_\_\_\_\_

Any change in the shape/color/texture of the eggs? \_\_\_\_\_

Any change in droppings? \_\_\_\_\_

If so, is it the colored (feces) or the white part (urate)? \_\_\_\_\_

Any difficulty breathing or discharge from the eyes or nostrils? \_\_\_\_\_

Any change in the color/size of the comb? \_\_\_\_\_

Any change in the color/sheen of the feathers? \_\_\_\_\_

Have you noticed any new lumps or bumps on your chicken? \_\_\_\_\_

Any other physical changes? \_\_\_\_\_

Any previous illnesses? \_\_\_\_\_

How long has your chicken been ill? \_\_\_\_\_

Any other chickens affected? \_\_\_\_\_

Any new chickens introduced within the last six months? \_\_\_\_\_

Has your pet had access to any potential toxins, e.g. toys or paint that may contain zinc/ lead, toxic plants, foreign objects, branches sprayed with insecticide/herbicide, etc? \_\_\_\_\_

Has your chicken been vaccinated for Merek's Disease? \_\_\_\_\_

Have you given your chicken any medications? If so, what and when? \_\_\_\_\_

**DIET**

What do you feed your chickens? \_\_\_\_\_

Any fruit/vegetable/food scraps? \_\_\_\_\_

Frequency of feeding and replacement of old food. \_\_\_\_\_

Water source? \_\_\_\_\_

How often is the water changed? \_\_\_\_\_

Any change of food or water (type or source)? \_\_\_\_\_

Any change in water consumption? \_\_\_\_\_

Any change in appetite? \_\_\_\_\_

**BEHAVIOR**

Is your chicken aggressive to any other chicken? \_\_\_\_\_

Does your chicken get picked on by your other chickens? \_\_\_\_\_

Any other aspects of your chicken's behavior you are not happy with? \_\_\_\_\_

\_\_\_\_\_