



Chicken Questionnaire

1. How many chickens do you have? _____
2. How long have you had chickens? _____
3. Have there been other chickens on the property in the past that you know of or that you have owned before?

4. Where did you acquire your chickens? _____
5. Do you know if those chickens received any vaccines and if so for what?

6. Do you routinely worm your chickens for parasites? If so what do you use and how often? _____
7. Describe the enclosure where the chickens are housed.

8. Are they protected from predators? _____
9. Are they allowed to free range on your property? Where do they roost at night?

10. Is this area well protected from predators? _____
11. What does the floor consist of in your chicken house? If kept in a closed pen during the day what does the floor material consist of? _____
12. What do you feed the chickens? _____
13. Do you feed any supplements? _____
14. Do you provide grit or gravel and if so what type? _____
15. Are your chickens currently laying eggs? _____
16. Do you eat the eggs? _____
17. Have you had any abnormal eggs recently? _____
18. Do you give the laying hens a break and if so how and how often? _____
19. Have you lost any chickens in the last 6 months? If so what are the ages? _____
20. Describe clinical signs/symptoms any chickens that died may have exhibited.

21. What is wrong with the chicken or chickens you brought in today?

22. How long has the problem been going on? _____
23. Have other chickens died of similar signs? _____
24. Has any testing or other Veterinary Care been given? _____
25. Did you medicate or have you medicated these chickens with anything in attempts to treat the existing problem? _____
26. Have you added any new chickens within the last 6 months? _____
27. Where do you purchase your feed from? _____
28. When was the last time feed was purchased and in what quantity? _____

(Updated 07/01/2020)