



Exotic Animal Husbandry – Client Information Sheet
Avian (Chickens, Ducks, Geese, Turkeys)

Pets Name: _____	Owner's Name: _____
Species: _____	Today's Date: _____

Your Pet's First Visit:

- Where was your pet obtained? When?
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- How old is your pet? (Date of Birth)
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- Are there any other pets in the household?
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- Does your pet have any cage mates?
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- Does your pet have any previous healthcare conditions or medications?
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- Is your hen actively laying eggs? (Date last egg laid):
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Husbandry:

- Housing/Cage/Coop Description:
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- Substrate/Cage Lining:
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- Cage Contents (Toys, Nest Boxes, Perches, etc.):
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- Cage Temperature
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- Location of Cage in the Household/Or Outside:
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- Cage/Coop Cleaning Protocol/Frequency:
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Diet:

- Staple Diet (Seed, Pellets, Mixture):
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- Fresh or Frozen Foods:
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- Treats/Supplements/Grit:
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- Frequency Food/Water is Changed:
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- Eating/Drinking
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- Passing Urine/Feces/Urates:
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