

Checklist for Clinical Examination of Captive Birds

Species: _____ Age _____ Sex _____ Weight: _____

History

Aviary

- | | | |
|---|--|--|
| <input type="checkbox"/> Gravel floor | <input type="checkbox"/> Dowel perches | <input type="checkbox"/> Chicken wire |
| <input type="checkbox"/> Dirt Floor | <input type="checkbox"/> Natural perches | <input type="checkbox"/> Wild bird contact |
| <input type="checkbox"/> Suspended cage | <input type="checkbox"/> SS Wire | <input type="checkbox"/> Gal wire |

Roof and run-off? _____

Social

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Wild caught? | <input type="checkbox"/> Captive bred? | <input type="checkbox"/> Repro status |
| <input type="checkbox"/> Time in captivity | <input type="checkbox"/> No in aviary | <input type="checkbox"/> Hand reared? |
| <input type="checkbox"/> Intro. new birds | | |

Nutritional

- | | |
|---|--|
| <input type="checkbox"/> Eating? | <input type="checkbox"/> Food & water dishes cleaned daily? |
| <input type="checkbox"/> Food & water changed & cleaned up regularly? | |
| <input type="checkbox"/> Diet changed recently? | <input type="checkbox"/> Fat <input type="checkbox"/> Thin |
| <input type="checkbox"/> Seed diet | <input type="checkbox"/> Natural diet <input type="checkbox"/> Prepared diet |

Food storage? _____

Food preparation? _____

- Water source: Rain Tank Chlorinated
 Dam Is bird drinking?

Visual Examination in Aviary

Posture? _____

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Normal feathers | <input type="checkbox"/> Missing feathers | <input type="checkbox"/> Fluffed up |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Sneezing | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Respiratory effort? | | |

Droppings

- | | | |
|--------------------------------|--|---------------------------------|
| <input type="checkbox"/> Blood | <input type="checkbox"/> Undigested food | <input type="checkbox"/> Watery |
|--------------------------------|--|---------------------------------|

Physical Examination

Pectoral muscles _____

- | | | |
|-------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Dehydrated | <input type="checkbox"/> Tail-bobbing | <input type="checkbox"/> Deformed feathers |
| <input type="checkbox"/> Mites | <input type="checkbox"/> Lice | <input type="checkbox"/> Powder down |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Cloaca _____

Feet _____

Physical Examination (continued)

Head and Neck

Beak _____

Eye

- | | |
|--|---|
| <input type="checkbox"/> Ocular discharge? | <input type="checkbox"/> Nasal discharge? |
|--|---|

Crop _____

Abdomen

Wings and Legs, Joints

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Bumblefoot? | <input type="checkbox"/> Leg band _____ |
| <input type="checkbox"/> Wings | <input type="checkbox"/> Joints |

Samples

Swabs

- | | | |
|-------------------------------------|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Eye | <input type="checkbox"/> Choanal slit | <input type="checkbox"/> Food dish |
| <input type="checkbox"/> Water dish | <input type="checkbox"/> Cloaca | <input type="checkbox"/> |

Other: _____

Blood

- | | | |
|----------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> PCV | <input type="checkbox"/> CBC | <input type="checkbox"/> BFDV PCR |
| <input type="checkbox"/> BFDV HI | <input type="checkbox"/> Parasites | <input type="checkbox"/> Genetic |
| <input type="checkbox"/> | | |

Faeces

- | | | |
|---------------------------------------|---------------------------------------|--------------------------|
| <input type="checkbox"/> Parasitology | <input type="checkbox"/> Microbiology | <input type="checkbox"/> |
|---------------------------------------|---------------------------------------|--------------------------|

Skin/feather

- | | | |
|---------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Parasitology | <input type="checkbox"/> Microbiology | <input type="checkbox"/> BFDV PCR |
| <input type="checkbox"/> BFDV HA | <input type="checkbox"/> | <input type="checkbox"/> |