

Incident:

Shelter Name:

UC Davis C-VET

Avian Intake Physical Exam - Medical Record

Arrival Date:		(Circle): Rescued Evacuated Pre-Evacuation Order Evacuated Post-Mandatory Evacuation	
Animal Information:			
Shelter ID:	Medical Record ID	Location within Shelter	Name or Geolocation where found:
Microchip/ Tag#/ Legband #:		Species: Breed:	Color
Special Markings:		<input type="checkbox"/> Male <input type="checkbox"/> Female	Age (actual or estimated)
Owner Information			
Name:		Phone number:	Address:
		Email:	

Presenting complaint
<p>Physical Findings: Circle or Describe Findings</p> <p>Pectoral BCS = / 9; Attitude/ Mentation = BAR QAR Depressed</p> <p>Ambulatory Reluctant to move Recumbent Other: _____</p> <p>Hydration Status: Hydrated Dehydrated Venous Refill Time Median Ulnar v _____</p> <p>Increased eyelid tent time Y/N. Skin movement over keel Y/N</p> <p>Cardiovascular/circulatory: HR = bpm</p> <p>Pulse quality (if applicable): Strong Weak Bounding</p> <p>Cardiac Auscultation: Rhythm = Normal Abnormal; Describe: _____</p> <p>Murmurs = Absent Present Describe: _____</p> <p>Cloacal MM = Pink Pale pink Bright pink Brick red Purple Blueish Moist Tacky</p> <p>Respiratory: RR = breath/m; Normal pattern Normal effort Closed beak breathing</p> <p>Open Beak Breathing: Mild Moderate Severe</p> <p>Choana: Normal Abnormal Describe _____</p> <p>Glottis: Normal Abnormal Describe _____</p> <p>Abnormal Coelomic effort: Mild Moderate Severe</p> <p>Thoracic Auscultation: Normal Abnormal Not performed</p> <p>Increased Airway sounds Crackles Wheezes Tracheal rattle</p> <p>Musculoskeletal: Wing Droop/Lameness: Absent Present L wing R wing L leg R Leg Bilateral Wing/Leg</p> <p>Describe _____</p> <p>Feet: Normal Appearance Abnormal Describe: _____</p> <p>Plumage: Normal Abnormal L remiges. R remiges Rectrices. Contour feathers</p> <p>Describe: _____</p> <p>Other findings: _____</p> <p>Integument:</p> <p>Intact skin/normal beak Exposed Abnormal areas of the skin/beak Wounds present</p> <p>Burns Location/ Description: _____</p> <p>Open sores Location/ Description: _____</p> <p>Abrasion Location/ Description: _____</p> <p>Laceration Location/ Description: _____</p> <p>Eyes: Normal Abnormal OS OD OU Cloudy OS OD OU Tearing OS OD OU Squinting OS OD OU</p> <p>Other findings (Describe): _____</p> <p>Other findings (describe): _____</p> <p>Coelomic: Normal appearance Distended Tense Other: _____</p>

Avian Intake Physical Exam - Medical Record (Back)

Additional findings:

Problem List	Medication/ Plan	Date Start	Date End

Animal Decontamination Yes No

Biosecurity Measures Yes No

NOTES: