

Date:

Species: Avian Physical Exam	
Cage Observation: Attitude _____ Activity _____ Perching/Posture: Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	
Feather Quality: Contour Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Flight Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	Eyes: Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Nares: Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Ears: Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Beak/Cere: Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>
Oral Cavity: Mucous Membranes _____ Choanae Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Glottis Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	Crop: Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Hydration Status Normal <input type="checkbox"/> <5% <input type="checkbox"/> 5-10% <input type="checkbox"/> >10% <input type="checkbox"/>
Body Condition/Keel: Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	Uropygial Gland (if present): Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Vent: Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>
Weight: _____	Abdominal Palpation: Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>
Wings: Patagium Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Range of Motion Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	Position Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Palpation Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>
Legs: Palpation Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Range of Motion Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	Nails Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Plantar Surface Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>
Neurological Exam: Awareness of Surroundings _____ Ability to move wings/legs/etc., properly _____	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>
External Parasites: _____	Feces: _____
Auscultation: Cardiovascular Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Respiratory Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	

Describe Abnormal Findings: