

University of Georgia
Veterinary Teaching Hospital
Athens, GA 30602-7391

Owner Name:
Address:
City, State:
Home Telephone:
Work Telephone:
E-mail Address:

AVIAN PHYSICAL EXAMINATION FORM

Date: _____

RDVM Name:

Bird's Name:

Telephone:

Date of hatch:

Date neutered:

Species:

Gender: M F Body Weight in Grams _____

MEDICAL HISTORY (To be completed by veterinary staff)

When was your bird's last health examination?

Do you have your bird's wings trimmed? How often?

Give a brief medical history:

List medications your bird has taken in the past:

List current medical problems:

List current medications:

BEHAVIORAL HISTORY

List any behavior problems in order of severity: Date of onset:

PHYSICAL EXAMINATION FINDINGS

Please describe any abnormalities noted, or note if a system is not examined.

1. General: normal _____ abnormal _____ not examined _____

2. Integument: normal _____ abnormal _____ not examined _____

3. Musculoskeletal: normal _____ abnormal _____ not examined _____

4. Circulatory: normal _____ abnormal _____ not examined _____

5. Respiratory: normal _____ abnormal _____ not examined _____

6. Digestive: normal _____ abnormal _____ not examined _____

7. Genitourinary: normal _____ abnormal _____ not examined _____

8. Eyes: normal _____ abnormal _____ not examined _____

9. Ears: normal _____ abnormal _____ not examined _____

10. Nervous Syst: normal _____ abnormal _____ not examined _____

**ADDITIONAL PHYSICAL OR LAPAROSCOPIC EXAMINATION
NOTES:**

DIAGNOSIS:

- 1st
- 2nd
- 3rd
- 4th

OPERATIONS PERFORMED

- 1ST
- 2ND
- 3RD

DIAGNOSTIC PROCEDURES

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Clinical exam | <input type="checkbox"/> Hematology |
| <input type="checkbox"/> Gross pathology | <input type="checkbox"/> Chemistry |
| <input type="checkbox"/> Histopathology | <input type="checkbox"/> Parasitology |
| <input type="checkbox"/> Serology | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Microbiology | <input type="checkbox"/> Other |

DISCHARGE STATUS

- | | |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Died |
| <input type="checkbox"/> Improved | <input type="checkbox"/> Euthanized |
| <input type="checkbox"/> Unimproved | <input type="checkbox"/> Necropsied |
| <input type="checkbox"/> Not Treated | <input type="checkbox"/> Out patient |
| <input type="checkbox"/> Undetermined | <input type="checkbox"/> Other |

Problem	**Drugs Dispensed**	Size	Amount	Instruction to Owner

DISCHARGE INSTRUCTIONS: