PET PSITTACINE - PHYSICAL EXAM FORM

Courtesy of HARRISON'S BIRD FOODS. 7108 Crossroads Blvd. Ste 325, Brentwood, TN 37027 800-346-0269

Client's Name _____ Date _____ Bird's Name _____

Species _____ Age _____ Sex: M_____ F_____

DIET

High seed	Yes	No
High fruit/vegetable / non-organic	Yes	No
High carbohydrates (rice, corn, pasta, bread)	Yes	No
Table food	Yes	No
High salt treats (corn, crackers, cheese, pizza)	Yes	No
No supplemental vitamins/minerals/trace minerals	Yes	No
Other (protein, nuts, etc.) _____		
Formulated diet (brand and type) _____		
☐ Food contains artificial colors/preservatives	Yes	No
☐ Food dunked in water	Yes	No
☐ Food left out over one day	Yes	No
☐ Food not stored in original bags	Yes	No
☐ Food tastes stale or rancid	Yes	No
☐Food left open longer than every 4-6 weeks	Yes	No
☐ Food allows powdering & waste	Yes	No
Possible pesticides in diet	Yes	No
Non-pure water (Source _____)	Yes	No

HUSBANDRY

Inadequate cage size	Yes	No
Inadequate hygiene	Yes	No
Sandpaper perch	Yes	No
Cement perch	Yes	No
Dirty perches	Yes	No
(perch type) _____		
Exposure to non-quarantined birds	Yes	No
Boarded at pet shop _____ (date)	Yes	No
Corn cob or similar flooring	Yes	No

TOXINS

Insecticides (ant/flea/roach/mosquito)	Yes	No
Fungicides, herbicides	Yes	No
Preservatives	Yes	No
Disinfectants	Yes	No
Heavy metals (lead/zinc)	Yes	No
Mycotoxins in diet (rancid food)	Yes	No
Hair spray	Yes	No
Solid or plug-in air freshener	Yes	No
Carpet cleaner (eg, Carpet Fresh®)	Yes	No
Mite protector	Yes	No
Cigarette smoke	Yes	No
Teflon® (heaters, pans, etc)	Yes	No

MEDICAL HISTORY

Treatment for chronic bacteria	Yes	No
Treatment for chronic yeast	Yes	No
Treatment for chronic fungus	Yes	No
Treatment for chlamydia	Yes	No
Treatment for toxin exposure		
Exposure to other birds (viral)	Yes	No
Vaccinations: type, date _____		
Other _____		

WEIGHT

Body weight_____ g

Emaciation	Yes	No
Obesity	Yes	No
Lipoma	Yes	No

FEATHERS

Abnormal molt	Yes	No
Frequency of molt (times per year)	_____	
Last molt	_____/_____/_____	
Chronic pin feathers (fail to open)	Yes	No
Saw-toothed edges (failure to zip)	Yes	No
Bald spots	Yes	No
Broken, malformed or bent	Yes	No
Lack of powder down	Yes	No
Dull appearance	Yes	No
Failure to mist with water	Yes	No
Stained or dirty	Yes	No
Stress lines	Yes	No
Thin-veined	Yes	No
Transparent	Yes	No
Flexibility at 180□ tip to base: ☐ Breaks	Yes	No
☐ Bends	Yes	No
☐ Indents	Yes	No
☐Straight	Yes	No
Over-preening	Yes	No
Picked	Yes	No
Feathers (chewed/consumed)	Yes	No
Malcolored (e.g. black feathers)	Yes	No
If yes, describe _____		
Dystrophy	Yes	No
Frequently fluffed	Yes	No
Parasites	Yes	No

NAILS & BEAK

Overgrown	Yes	No
Unshed, flaky or rough	Yes	No
Twisted nails	Yes	No
Other abnormalities: _____		

SKIN

Flaking	Yes	No
Lacking luster	Yes	No
Itchy	Yes	No
Balding (feet)	Yes	No
Bumblefoot	Yes	No
Lack of stretch	Yes	No
Cannibalized (mutilation)	Yes	No
Slow healing sores/rashes	Yes	No
Change in epithelium in cavities	Yes	No
Dry or crusty: ☐ cloaca	Yes	No
☐ nares	Yes	No
☐ eyes	Yes	No
Ears (head or twitch/redness)	Yes	No
Eyes (redness)	Yes	No

LIMBS

Weak tendons and ligaments	Yes	No
Pain in legs/wings (after fall)	Yes	No
Bent: ☐ legs	Yes	No
☐ wings	Yes	No
☐ sternum	Yes	No
☐ spine	Yes	No
Abnormal joints	Yes	No
Abnormal posture	Yes	No

BLEEDING

From wing tips Yes No
Excessive (from cut or injury) Yes No
Droppings Yes No
Slow clotting Yes No
Bleeding/bruising of: ☐ skin Yes No
☐ beak Yes No
☐ feathers Yes No
Black feces Yes No
Blood occult in feces Yes No
Other _____

SWELLING

Abdominal Yes No
Rapidly growing lump Yes No
Swollen salivary glands of: ☐ oral cavity Yes No
☐ intermandibular space Yes No
Tongue Yes No
Soft palette Yes No
Other _____

RESPIRATORY

Nasal discharge Yes No
Tail-bobbing Yes No
Dyspnea Yes No
Infraorbital sinus swollen Yes No
Vocalization: ☐ voice change Yes No
☐ loss of voice Yes No
☐ clicking Yes No
☐ wheezing Yes No
Perpetual sneezing Yes No
Dirty feathers over nares Yes No
Dry (lith), hard mass in nares Yes No
Nares enlarged or distorted Yes No
Results of auscultation _____
Rhinitis, atrophic Yes No
Choana: ☐ discharge Yes No
☐ loss of papilla Yes No
Other _____

NEUROLOGIC

Weak blink Yes No
Weak jaw Yes No
Poor tongue control Yes No
Weak grip Yes No
Paralysis Yes No
Wing droop Yes No
Other _____

BEHAVIOR

Polyphagia Yes No
Anorexia Yes No
Copraphagia Yes No
Polydipsia Yes No
Drinking less Yes No
Vomiting Yes No
Regurgitating Yes No
Sleepy Yes No
Weak Yes No
Does *less:* ☐ talking Yes No
☐ playing Yes No
☐ singing Yes No
Does *more:* ☐ biting Yes No
☐ chewing Yes No
☐ screaming Yes No
☐ throwing objects Yes No
Alpha bird Yes No
Spoiled Yes No
Overly sensitive to sudden noises Yes No
Falls off perch at night Yes No
Separation anxiety Yes No
Other _____

REPRODUCTIVE

Sexual display (male, female) Yes No
Infertility Yes No
Egg peritonitis Yes No
Chronic laying Yes No
Erratic laying Yes No
Small clutches Yes No
Hatching problems Yes No
Dead-in-shell Yes No
Abnormal or missing shell Yes No
Soft shell Yes No
Small eggs Yes No
Egg bound Yes No
Nest building activity Yes No
Last egg laid (date) _____/_____/_____
Number of eggs _____
Eggs left with hen Yes No

DROPPINGS

Decreased/increased amount Yes No
Yellow or green in urine Yes No
Yellow or green in urates Yes No
Green feces Yes No
Increased liquid in urine Yes No
Increased powdered urates Yes No
White, fluffy droppings Yes No
Undigested food in feces Yes No
Parasites or eggs in feces Yes No
Bubbly, gaseous droppings Yes No
Scant feces Yes No
Diarrhea Yes No
Pasting of vent Yes No
Glucose in urine Yes No
Blood in urine Yes No
pH of feces _____

GRAM'S STAIN OF DROPPINGS

Low numbers (#) of bacteria Yes No
High #☐s gram-positive rods (>90%) Yes No
Low #☐s gram-positive cocci (<10%) Yes No
Gram-negative rods (>1%) Yes No
More than 5-10 yeast per field Yes No
More than 10% budding yeast Yes No
High G+ cocci Yes No
Clostridia present Yes No

OTHER

Ophthalmic disorders Yes No
Cardiac disorders Yes No

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