

General Workup (Avian) TECH. INITIALS: _____

Dr. Iturriaga D.V.M

Pet's Name:

Owners' Last Name:

Date:

History (Subjective):	
What problem(s) is/are your pet experiencing?	
When did the problem start?	
Is the problem the same, better, worse?	
Has a similar problem happened in the past?	
What medications being administered? If any.	
What brand of food are you feeding your pet, how much and how often?	
Eating Changes? ☐ Increased ☐ Decreased	
What is the current habitat?	
Does your bird spend any time outside?	
Is your bird in a multi-bird household?	
Any weight loss?	
Any increase or decrease in water consumption?	
Any change in bowel movements?	
Any exposure to toxins?	
Brought a stool sample? ☐ Yes ☐ No	
Any other medical history?	
Additional Notes:	
Email:	

For Doctor's Use Only

Age:

Previous Weight:

Current Weight:

EXAM (Objective) Body Condition Score:	
<u>Nose and Throat</u> ☐ Normal ☐ Did Not Exam ☐ Abnormal Remarks: __	<u>Beak and Membranes</u> ☐ Normal ☐ Did Not Exam ☐ Abnormal Remarks: __
<u>Eyes and Ears</u> ☐ Normal ☐ Did Not Exam ☐ Abnormal Remarks: __	<u>Feathers and Skin</u> ☐ Normal ☐ Did Not Exam ☐ Abnormal Remarks: __
<u>Lymph Nodes</u> ☐ Normal ☐ Did Not Examine ☐ Enlarged Remarks: __ ☐ Abnormal Remarks: __	<u>Legs/Feet/Wings/Back</u> ☐ Normal ☐ Did Not Exam ☐ Nail Trim ☐ Abnormal Remarks: __
<u>Nervous System</u> ☐ Normal ☐ Did Not Examine ☐ Abnormal Remarks: __	<u>Heart and Lungs</u> ☐ Normal ☐ Did Not Examine ☐ Heart Murmur Grade __/VI Murmur Comments: __ ☐ Abnormal Remarks: __
<u>GI Tract/Abdomen</u> ☐ Normal ☐ Did Not Examine ☐ Abnormal Remarks: __	<u>Urinary and Cloaca</u> ☐ Normal ☐ Did Not Examine ☐ Abnormal Remarks: __

Assessment:

Plan:

