**Bird Clinical Record Sheet**

1. **ANIMAL DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| AEC Project # |  | Monitoring Frequency |  |
| Name of CI |  | Species |  |
| Room/Aviary Number |  | Age/DOB |  |
| Bird I.D. |  | Treatment = Y/N |  |

1. **MONITORING**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date and Time** |  |  |  |  |  |  |  |  |
| **Criteria** |  | | | | | | | |
| Feeding |  |  |  |  |  |  |  |  |
| Physical abnormality |  |  |  |  |  |  |  |  |
| Behavioural abnormality |  |  |  |  |  |  |  |  |
| Environmental abnormality |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |
| **Signature** |  |  |  |  |  |  |  |  |
| **OFFICE USE ONLY**  **AWO CHECK** |  |  |  |  |  |  |  |  |

**Animal Monitoring Criteria**

|  |  |  |  |
| --- | --- | --- | --- |
| **Monitoring Criteria** | **No obvious deviation from normal\*** | **Slight or intermittent or possible deviation from normal\*** | **Moderate or consistent or definite deviation from normal\*** |
| **Score** *(see key)* | **0** | **1** | **2** |
| Feeding | As expected for species. | As expected for species. | No interest or signs of eating for 48 hours |
| Physical | Skin & body conformation normal. | Any sign of discharge from eyes, nose or cloaca, abnormal body shape, injuries, swelling, or excessive diarrhoea. Abnormal respiration. | Continuous signs of discharge from eyes, nose or cloaca, abnormal body shape, injuries, swelling, or excessive diarrhoea for 48 hours. |
| Behaviour | Active within normal parameters for species. | Abnormal character or level of activity or movement | Abnormal character or level of activity or movement for 48 hours. |
| Mortalities | As per approval- see running mortality sheet. | Contact AWO. | Contact AWO. |

**Environmental Monitoring Criteria**

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| --- | --- | --- | --- | --- |
| **Monitoring Criteria** | **Acceptable – No Intervention Required** | **Intervention or Scheduled for remediation within 48 hours** | **Immediate Intervention** | **Type of Intervention** |
| **Environmental** | **0** | **1** | **2** |  |
| **Temperature °C** | Within +/- 3 of optimum. | Within +/- 3 to 5 of optimum. | > 5 from optimum | Increase heating/ cooling, replace equipment, or contact maintenance. |
| **Substrate** | < 1 tbsp of faeces and seed accumulation. | 1 - 2 tbsp of faeces and seed accumulation. | >2 tbsp of faeces and seed accumulation. Diarrhoea. | Clean cage floor/ perches, remove seed accumulation. For outside aviaries schedule weekly removal equivalent to quantity of seed provided. |
| **Water** | Water container clean and more than ½ full. Water free of seed or algal growth. | Water container less than ¼ full. Signs of algal growth. | Water bowl empty. Faeces or seed in water. | Clean and refill water container. |
| **Shelter** | Structurally sound and clean. | Soiled, signs of wear and tear, or potential breakage. | Broken, risk to animal health, or soiled with diarrhoea. | Clean or replace shelter. |
| **Enrichment** | Present and usable. | Enrichment needing replacing or washing. | Enrichment creating health or escape risk. | Remove or adjust anything dangerous/ providing means of escape. Provide new enrichment. |

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| --- | --- | --- |
| **Score** | **Assessment** | **Actions/Interventions** |
| **0** | Normal | No action **(daily calendar signature)** |
| **1** | Animal demonstrates minor level of deviation from normal | Monitoring to be increased to twice daily until condition resolved and commence supportive treatments with management/AWO advice e.g. isolation, medication, increase in food, or topical ointments. |
| **2** | Animal demonstrates moderate or major deviation from normal | Immediate euthanasia if certified on training register or consult with AWO and follow veterinary advice |

1. **MONITORING**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date and Time** |  |  |  |  |  |  |  |  |
| **Criteria** |  | | | | | | | |
| Feeding |  |  |  |  |  |  |  |  |
| Physical abnormality |  |  |  |  |  |  |  |  |
| Behavioural abnormality |  |  |  |  |  |  |  |  |
| Environmental abnormality |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |
| **Signature** |  |  |  |  |  |  |  |  |
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1. **MONITORING**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date and Time** |  |  |  |  |  |  |  |  |
| **Criteria** |  | | | | | | | |
| Feeding |  |  |  |  |  |  |  |  |
| Physical abnormality |  |  |  |  |  |  |  |  |
| Behavioural abnormality |  |  |  |  |  |  |  |  |
| Environmental abnormality |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |
| **Signature** |  |  |  |  |  |  |  |  |
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