



VMAT Avian Patient Record			
Diagnostic Procedures/Results			
<b>Hematology: Venipuncture Site:</b>			
<b>Outside Lab Name:</b>		<b>CBC:</b>	<b>Serology:</b>
<b>In House Tests:</b>	<b>HCT/PCV:</b>	<b>TP:</b>	<b>Uric Acid:</b>
<b>Other Serology:</b>		<b>Asper Titer:</b>	
Cultures/Cytology:			
<b>Bacterial:</b>	<b>Fungal:</b>	<b>Location:</b>	
<b>Biopsy:</b>	<b>Cytology:</b>	<b>Location:</b>	
Imaging:			
<b>Radiographs:</b>			
_____			
_____			
<b>Laparoscopy:</b>			
_____			
_____			
<b>Ultrasound:</b>			
_____			
_____			
Fecal Exam:			
<b>Culture:</b>	<b>Gram Stain:</b>	<b>Float/Direct:</b>	
<b>Treatments:</b>			
<b>Fluids:</b>	IV/SQ/P0	<b>Other:</b>	
<b>Trimmed:</b> Beak Nail Feather Other			<b>Location:</b>
<b>Extract:</b> Beak Nail Feather Other			<b>Location:</b>
<b>Antibiotic/dose:</b>		<b>Parasiticide/dose:</b>	
<b>Vaccines:</b>		<b>Vitamins/Minerals:</b>	
<b>Anti-inflammatory/Analgesics:</b>			
<b>Medical/Surgical Report/Other Procedures:</b>			
_____			
<b>Current Assessment (Problems &amp; Diagnosis):</b>			
_____			
_____			
<b>Further Diagnostics:</b>			
_____			
_____			
<b>Long Range Plan/Rx:</b>			
_____			
_____			
<b>Housing/Diet:</b>			
_____			
_____			
_____			