

VMAT Avian Patient Record					
Deployment/Event:			Time:	Date:	
Clinician(s):			Please Initial:		
Procedure Location:					
Owner/Point of Origin:			Holding Enclosure/Location #:		
Contact Phone: ()		Address:			
Animal Name:		Species:		Color:	
VMAT ID #:		Microchip #:		Photo #:	
Gender: Male Female Unknown		Age/Hatch:		Estimate/Actual:	
Previous Weight: kg/gm/lb Estimate/Actual		Current Weight: kg/gm/lb Estimate/Actual			
Sent To:					

Presenting Problem(s):				Date:
Previous Problem(s):				
Previous Treatments/Vaccines:				
Previous Diagnostics:				
Restraint Required: Yes <input type="checkbox"/> No <input type="checkbox"/> Type:				
Previous Anesthetic(s):	Dosage	Total Dose:	Anesthetic Stage #:	Evaluation/Complications: (excellent/good/fair/poor/unknown)
	Per			
	Per			
Present	Dosage			
	Per			
	Per			
	Per			
Endotracheal Tube Size #:		Procedure:		

Physical Exam Checklist & Results				
Time:	Temp:	*C/F	Pulse:	/
Respiratory Rate: /				
General Body Condition: Obese/Good/Fair/Emaciated				
Feathers:				
Uropygial Gland:				
Cloaca:				
Oral:				
Ophthalmic:				
Otic:				
Palpation:				
Auscultation:				
Other Findings:				

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Diagnostic Procedures/Results			
Hematology: Venipuncture Site:			
Outside Lab Name:		CBC:	Serology:
In House Tests:	HCT/PCV:	TP:	Uric Acid:
Other Serology:		Asper Titer:	
Cultures/Cytology:			
Bacterial:	Fungal:	Location:	
Biopsy:	Cytology:	Location:	
Imaging:			
Radiographs:			

Laparoscopy:			

Ultrasound:			

Fecal Exam:			
Culture:	Gram Stain:	Float/Direct:	
Treatments:			
Fluids:	IV/SQ/P0	Other:	
Trimmed: Beak Nail Feather Other			Location:
Extract: Beak Nail Feather Other			Location:
Antibiotic/dose:		Parasiticide/dose:	
Vaccines:		Vitamins/Minerals:	
Anti-inflammatory/Analgesics:			
Medical/Surgical Report/Other Procedures:			

Current Assessment (Problems & Diagnosis):			

Further Diagnostics:			

Long Range Plan/Rx:			

Housing/Diet:			

