

# Raptor Case History Sheets

## (essential) questions



Age ..... Sex ..... Male/Female

Breed ..... Colour.....

Weight .....Kg Flying Weight .....(Kg)

Other in-contact birds .....Yes/No

How long owned? ..... Source was? .....

Is bird manned? .....Yes/No Who trained bird? .....

Last put down to moult..... Last flown.....

Identification (Microchip, leg ring) .....

If leg ring .....Cable tie/Closed ring/Split ring

Mainly .....Indoor/Outdoor

If Outdoor, description of aviary .....

If Indoor,.....Bow perch/Block perch

Material on perch .....

Diet (Full details inc source) .....

Last meal..... Last cast .....

Supplements (type & frequency) ..... Is water offered? .....Yes/No

Mutes (describe and examine, gross & microscopic)

Urine ..... Urates .....

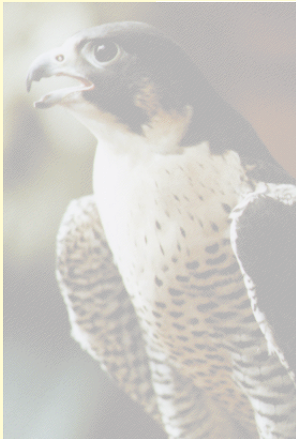
Faeces .....

Vaccinated .....Yes/No

If Yes, what with and by whom? .....

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Previous history of illness or treatments.....

Owner's current concern .....

**Observations prior to Handling:-**

- Any breathing problems?
- Normal grip on the fist?

**Beak:-**

- Any problems eating?
- Any evidence of trauma?
- Is the Mandibular beak overgrown?
- Is the Maxillary beak overgrown?
- Any cracks?
- Any evidence of flaking or softening?
- Any Malocclusion/Deviation?

**Cere/Nostrils:-**

- Any discharge/stained feathers?  
If yes, Sample (for Culture/Cytology) taken ..... Yes/No
- Any blockages?
- Any difference in size of nares?
- Any trauma?

**Eyes** (gross and ophthalmoscopic examination required):-

- Any discharge or staining of feathers?  
If yes, Sample (for Culture/Cytology) taken ..... Yes/No
- Any "bubbling" of tears?
- Any feather loss around orbit?
- Any swelling (eye or periorbital), exophthalmus or prolapse of nictitans?  
If yes,
  - Unilateral/Bilateral?
  - Firm/Hard/Soft?
  - Needle biopsy ..... Yes/No
  - Ultrasound examination ..... Yes/No
- Any sign of discomfort or blepharospasm?  
If yes,
  - flourescein was Positive/Negative
  - Local anaesthetic used to examine ..... Yes/No
  - Foreign body removed?
- Any corneal lesion?  
If yes,
  - flourescein was Positive/Negative

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Any conjunctivitis or scleral congestion?

If yes,

Intra-ocular pressure was .....mmHg

Sample (for Culture/Cytology) taken .....Yes/No

Any purulent (caseous) material in conjunctival fossa?

Any purulent (caseous) material behind nictitating membrane?

Any iridal swelling or colour change?

Any hyphaema?

Any opacity of the lens?

Any retinal lesions?

Any haemorrhage from pectens?

### **Mouth:-**

Is tongue normal & mobile?

Is glottis normal & clear?

Is choana normal & clear?

Any swelling?

If yes,

Firm/Hard/Soft?

Needle biopsy .....Yes/No

Any discharge of glottis/choana?

If yes,

Sample (for Culture/Cytology) taken .....Yes/No

Fresh Wet preparation examined .....Yes/No

Any evidence of blood?

### **Ears (behind feathers):-**

Any crusting deposits?

If yes,

microscopy showed mites.....Yes/No

Any swelling?

If yes,

Firm/Hard/Soft?

Needle biopsy .....Yes/No

Any feather loss?

### **Thorax (auscultation is required):-**

Keel prominence suggests Normal/Obese/Thin?

Is breathing normal?

Any lung noises?

If abnormalities,

Radiographs were taken .....Yes/No

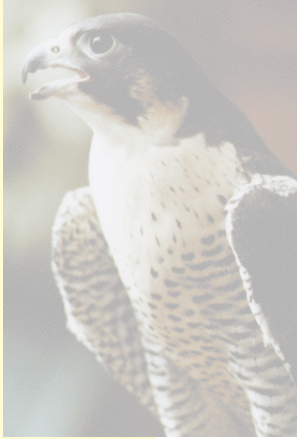
Endoscopy was performed .....Yes/No

Any murmurs?

If abnormalities, radiographs were taken.....Yes/No

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### **Abdomen** (auscultation is required):-

Any evidence of enlargement?

Any evidence of eggs?

Is abdomen empty?

Are there normal air sac sounds?

If abnormalities,

Radiographs were taken .....Yes/No

Endoscopy was performed .....Yes/No

### **Skin:-**

Any pruritus?

Is there evidence of pin feathers?

Is there evidence of imping?

Is the bird "ruffled"?

Any feather loss?

If yes,\*\*

Is the bird moulting?

Does owner see feathers pulled out?

Describe distribution of loss .....

Any feather damage?

If yes,\*\*

Any evidence of trauma?

Describe distribution of damage.....

Any skin lesions?\*\*\*

Any swelling?

If yes,

Firm/Hard/Soft?

Needle biopsy .....Yes/No

Any crusting lesions?

Any evidence of obvious parasitic infestation?

\*\*If abnormalities of feathers or skin,

Skin scrapes .....Yes/No

Skin biopsies.....Yes/No

Samples (for Culture) taken .....Yes/No

Blood samples were taken .....Yes/No

### **Perineal area:-**

Any swelling?

If yes,

Firm/Hard/Soft?

Needle biopsy .....Yes/No

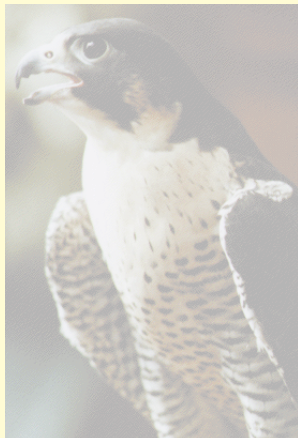
Any contamination?

Any evidence of blood?

Cloacal examination was Normal/Abnormal/Not performed?

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## Feet & Wings:-

Any flight problems? \*\*

Any dropping of wings?

If yes, \*\*

Unilateral/Bilateral

Any discomfort on flexion/extension of joints? \*\*

Any evidence of swelling, especially of joints or tendons?

If yes, \*\*

Firm/Hard/Soft?

Needle biopsy ..... Yes/No

Any lameness/limping? \*\*

Any loss of talons?

Are all toes present?

Are any toes swollen? \*\*

Is grip normal? \*\*

Any Bumblefoot? \*\*

\*\*If abnormalities,

Radiographs were taken ..... Yes/No

Blood samples were taken ..... Yes/No