

Poultry General Health Assessment Form

Case # _____ ID # _____ Holding Pen # _____ Other # _____

Investigating Agency _____

Location of exam	Examination date	Examination time
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Animal:

Name	Species	Breed/Variety
Gender	Age	Weight
Color/Markings	Description	Temperament
Temperature	Pulse	Respiration

General body condition: _____

General	NSF <input type="checkbox"/>	Weak <input type="checkbox"/>	Sores <input type="checkbox"/>	Bruising <input type="checkbox"/>	Cysts <input type="checkbox"/>
	Thin <input type="checkbox"/>		Dehydrated <input type="checkbox"/>		Unbalanced/Head Tucked <input type="checkbox"/>
Head/Neck	NSF <input type="checkbox"/>	Scabs <input type="checkbox"/>	Swelling <input type="checkbox"/>	Shrunken <input type="checkbox"/>	
		Flaccid Comb <input type="checkbox"/>		Pale Comb <input type="checkbox"/>	
Eyes	NSF <input type="checkbox"/>	Cloudy <input type="checkbox"/>	Discharge <input type="checkbox"/>		



Nostrils/Beak	NSF <input type="checkbox"/>	Crust <input type="checkbox"/>	Discharge <input type="checkbox"/>	Scaling <input type="checkbox"/>	Cracks <input type="checkbox"/>
Feathers	NSF <input type="checkbox"/>	Dull <input type="checkbox"/>	Dirt <input type="checkbox"/>	Missing Feathers <input type="checkbox"/>	
		Parasites <input type="checkbox"/>	Crusted <input type="checkbox"/>	Broken Feathers <input type="checkbox"/>	
Wings	NSF <input type="checkbox"/>	Swelling <input type="checkbox"/>	Droop <input type="checkbox"/>	Broken Bones <input type="checkbox"/>	
	Lacerations <input type="checkbox"/>				
Legs & Feet	NSF <input type="checkbox"/>	Scratches <input type="checkbox"/>	Scabs <input type="checkbox"/>	Upturned scales <input type="checkbox"/>	Swelling <input type="checkbox"/>
		Sores <input type="checkbox"/>		Broken Toes <input type="checkbox"/>	
Vent	NSF <input type="checkbox"/>	Soiled <input type="checkbox"/>	Enlarged <input type="checkbox"/>	Cracked <input type="checkbox"/>	Parasites <input type="checkbox"/>
Sternum (Keel)	NSF <input type="checkbox"/>	Muscle Loss <input type="checkbox"/>		Crooked/Protruded <input type="checkbox"/>	Masses <input type="checkbox"/>

Note: NSF = No significant findings

Overall condition: Excellent Good Fair Poor Inhumane

General comments: _____

Actions taken or recommendations: _____

Examined by: _____ Signature: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Phone Type (Cell/Home/Work): _____

