## Flock Hhistory

Owner .....

Address …….…… Phone No. ……..…….

Number in Flock……. Breed ……. Age ……..

Hatchery Source ……

Type of Operation (Floor, Cage, Range, Etc.) ……..……

Feeding Program ……..…….

Vaccination History …….…….

Date Illness Seen ……..……..

No. Affected by Illness.…… No. Dead ……

Medication ……

Symptoms And Result ……..

## External Examination

Condition of Bird …….……

Comp and Wattle …….……

Eyes, Ear, Mouth …….……

Vent Opining …….……

External Parasites ……..

## Necropsy Result

Female…….…… Male ……..…

## Head

Eyes……..…… Nasal Cavities …….

## Respiratory and Circular System

Larynx and Trachea (Windpipe) …….……...……

Lug and Bronchial Tubes ……

Air sacs .....

Heart .....

## Digestive Ssystem And Accessory Organs

Esophagus …….

Crop ……

Proventriculus And Gizzard ……..……...……

Small Intestine ……..……

Ceca ……..……

Cloaca ……..

Liver ……..……..

Spleen ……..

## Excretory and Reproductive Systems

Kidney and Ureters ……..

Ovary and Oviduct ……Testes or Ductus Deferens ……..……

## Muscles

Breast ……..……..

Legs ……..……..……..

## Nervus System

Brachial Nerve …….

Sciatic Nerve ……

**Diagnosis** ……

……

**Treatment** ……

….……

……