



# Chick Information File

- Recorded in Parent's File
- Recorded in Computer Chick Log

Species: \_\_\_\_\_

Scientific Name: \_\_\_\_\_

Suspected Date Egg Laid: \_\_\_\_\_

Hatch Date: \_\_\_\_\_

Size of Band # \_\_\_\_\_ Date Banded \_\_\_\_\_

Band # \_\_\_\_\_

Microchip # \_\_\_\_\_

Sexing:  male  female

Polyoma vaccination:  1<sup>st</sup>  Booster Date: \_\_\_\_\_

Chick order/# of chicks in clutch: \_\_\_\_/\_\_\_\_

Raised with clutch mates: other chicks: Yes/No

Clutchmates ID \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Parents: Cage# \_\_\_\_\_

F \_\_\_\_\_ M \_\_\_\_\_

Evaluation of parental care:  
\_\_\_\_\_  
\_\_\_\_\_

Fostered: Yes/No If fostered cage # \_\_\_\_\_

### Incubation

Natural # days \_\_\_\_\_

Fostered # days \_\_\_\_\_

Artificial # days \_\_\_\_\_

*\*If artificially incubated, attach Egg Weight Chart*

Hatching: Natural / Assisted

Date & Time chicks 1<sup>st</sup> pipped:  
\_\_\_\_\_

Time hatched: \_\_\_\_\_

Malpositioning: Yes/ No

Type: \_\_\_\_\_

Egg yolk absorbed in abdomen before 1<sup>st</sup> feeding

Yes / No / ?

Iodine on umbilicus: Yes/ No

### Newborn Nutrition (duration: # days fed)

- Water: duration \_\_\_\_\_
- Lactated ringers solution:  
duration: \_\_\_\_\_
- 100% Hand-feeding Formula:  
duration: \_\_\_\_\_
- Neonatal formula (10% Gastrolyte® in  
In Hand-feeding Formula)  
duration: \_\_\_\_\_

Raised for future Captive Breeding: Yes / No

Companionship: Yes / No

Sold to: \_\_\_\_\_

Tel #: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Invoiced: \_\_\_\_\_

Medical Observations: Note: Attach medical file if treatments were administered. Write # of condition if observed.

1. Parental mutilation
2. Difficult hatch
3. Hyperthermia
4. Hypothermia
5. Dehydration
6. Crop motility problems
7. Crop impaction
8. Pendulant crop
9. Slight Burnt crop suspected
10. Sour crop
11. Fungal or yeast infection
12. Bacterial infection
13. Foul droppings
14. Stunting- slow weight gain
15. Splayed legs
16. Constricted toe syndrome
17. Crooked toes
18. Beak deviation,
19. Beak prognathism
20. Eye openings abnormal
21. Crooked neck syndrome
22. Ear openings abnormal
23. Flaky skin
24. Respiratory concerns--wheezing
25. Coughing
26. Regurgitation
27. Abnormal feather coloration
28. Slight food aspiration suspected
29. Aspiration when fed
30. Horizontal Stress bars
31. Timid , nervous
32. Aggressive  lunges or bites
33. Clutch mates sick  Clutch mates died
34. Other \_\_\_\_\_

### Departure from nursery to vendor/owner

Date \_\_\_\_\_

Feeding schedule at departure

Weaned  partially weaned

Syringe fed: \_\_\_\_\_ml \_\_\_\_\_x per day

Spoon fed : # \_\_\_\_\_tea sp. \_\_\_\_\_x per day

Last weight recorded at the nursery

\_\_\_\_\_g