



Model Aviculture Program Facility Inspection Form

PLEASE **PRINT** ALL INFORMATION

INSPECTION FORM # _____
(TO BE ENTERED BY MAP OFFICE ONLY)

Applicant's Name:	Phone/Email:
Street Address, City, State, Zip:	Web Site:
Inspecting Veterinarian:	Phone/Fax:
Address, City, State, Zip:	
For Official Use Only: Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Date _____	

Facilities must be physically inspected by the signing veterinarian on the date this document is completed. All 27 questions must show an assessment. Applicants must receive a "Yes" to any criteria which applies to their facilities, or "N/A" for criteria which is not applicable. Each response of "N/A" must be accompanied by a written explanation of the exemption, referencing the number and topic.

A. QUARANTINE

1. Is a quarantine facility, area or room provided for additions to the collection? Yes N/A
2. Is the quarantine area adequate for control of infectious diseases when using standard quarantine procedures? Yes N/A
3. Is there a policy of health status determination? Please describe. Yes N/A
Technique: Time *Labwork* *Other(explain)*
4. Is an identification system in operation for the collection? Yes N/A
5. Is a sex determination technique in use for establishing potential breeding pairs? Yes N/A
6. Is a quarantine record system in use? Yes N/A
7. Are disinfectants used in the quarantine area? Yes N/A

B. FLIGHTS, CAGES, PENS

8. Is a safety system in place to prevent escapes? Yes N/A
9. Are sizes, shapes and flight design appropriate for the species being housed? Yes N/A
10. Is a vermin control system in operation? Yes N/A
11. Can flights be easily cleaned? Yes N/A
12. If it is necessary to capture a bird, can this be accomplished quickly and effectively? Yes N/A
13. Can nest boxes or the nesting area be disinfected or routinely replaced if necessary? Yes N/A
14. Is there easy access to nesting box/area for inspection? Yes N/A

C. NUTRITION

15. Is the nutritional plan appropriate for the species being kept? Yes N/A
16. Is the method of food storage adequate? Yes N/A

D. PEDIATRICS

17. Are the sanitation procedures in the nursery adequate for the production of healthy offspring? Yes N/A
18. Are individual young or clutches housed and fed in a manner so as to minimize transmission of infectious disease agents? Yes N/A
19. Are the young developing within normal physical parameters for their species? Yes N/A
20. Is there a means of weighing the young in the nursery? Yes N/A
21. Are the hand feeding young fed fresh formula daily? Yes N/A
22. Is there a minimum data base kept on all young that are hand feeding? Yes N/A
23. Is there a system for disinfecting the hand feeding equipment? Yes N/A
24. Are temperature and humidity controls appropriate for the brooders/ nursery? Yes N/A

E. RECORD KEEPING SYSTEM

25. Is there a functional record keeping system? Yes N/A
26. Is there a bill of sale provided when bird ownership is transferred? Yes N/A
27. Are written instructions regarding nutrition, basic husbandry and general care provided to customers? Yes N/A

Veterinarian Signature

Date

Applicant Signature

Date