

# **BIRD CLINIC FACILITIES**

**As a mobile avian veterinarian, I travel throughout the country to see birds that belong to bird breeders (aviculturists) and pet owners. Sometimes I work directly at an aviary for its owner. Other times I'm doing bird clinics that are open to the public, in which birds belonging to many different individuals are seen. On some days I may work at only one site: other times I may visit 2 or 3 different places.**

**Over the years I've developed an extensive client list. Clients are made aware of my clinics via e-mail announcements, word of mouth, or by checking the calendar section of my web site. Each bird clinic has a local contact person. This person takes appointments, gives directions, and answers questions.**

**Owners are instructed to fast their birds (food and water) for at least 4 hours before coming to the clinic. The crop needs to be empty (or almost) to prevent passive regurgitation while the bird is anesthetized. Owners are told to bring their own towels. These will be used to catch only their own birds which helps prevent any cross contamination. Owners are also told to bring their birds in a carrier or cage, not on their shoulder.**

**The following are the requirements regarding the facilities in which I am working:**

- 1. All treatments will be performed in a separate room which is clean, orderly and odorless. It will not be used for any other purpose while I am there.**
- 2. No aseptic surgery will be performed in this room. Only antiseptic surgery (i.e. surgical sexing or other minor procedures) will be performed in this designated area.**
- 3. This room can be within an aviary facility, client's home, pet store, existing veterinary hospital, or some other type of building.**

4. **Aside from me, only the patient, its owner(s) and my assistant will be allowed in this room (or immediate area) from the time the bird is brought in until it has recovered enough to be taken from the area.**
  
5. **This room will have a constant, sufficient air flow to minimize any surgical contamination and to remove all waste anesthetic gas. I work under a plastic hood that has a built in exhaust fan that moves up to 300 cubic feet of air per minute. Fresh air moves across the working surface under the hood, mixes with waste anesthetic gas, is forced through a length of 4 inch vinyl dryer hose by the exhaust fan, and is then evacuated directly to the outside of the facility, either via a window, door, or other appropriate exit. If a window or door is used, it will be sufficiently blocked off to prevent any air from directly reentering the facility.**



Picture 1: Dr McDonald working at a bird clinic in a separate room with the owner present. Bird is anesthetized with its head and upper body under the exhaust hood