



Breeding Activity Pair Information

Note: Each Pair that has a history of or begins breeding (laying) activity must have a copy of this file in their individual files. Both Files must be updated as new information is recorded.

Species: _____ **Latin Name:** _____

Pair ID: _____ **Male ID:** _____ **Female ID:** _____

Estimated # years paired together: _____ since date (if known) : _____

Winter Cage #: _____ Summer Cage #: _____

Flight Dimensions: Indoors: L ___ x W ___ x H ___ Outdoor: L ___ x W ___ x H ___

Nest Info: Indoor: dimension: L ___ X W ___ x H ___ Height off ground: _____

Outdoor: dimension: L ___ X W ___ x H ___ Height off ground: _____

Substrate used: _____ Style Nest box _____

Indoor/Outdoor access: Yes/No Transferred Outdoors Yes/No

Mate Selection by colony housing? Yes/No

Sexing confirmed by: DNA _____ Endoscopy _____ Sexing band location _____ Unknown _____

(Previously paired with: (M) F: _____ B+ (F)M: _____ B+

Mating courtship observed _____ Pair bonded _____ Pair preening _____ Aggressivity _____

- History of Infertility YES _____ / No _____ Occasionally NF _____ Always NF _____
Dead in Shell eggs (DIS) _____ Eggs laid out of nest _____
- History of DCD chicks in Nest _____ DCD Chicks in Nursery _____
- History of Complications: egg retention _____ soft shell eggs _____ cracked eggs _____
- Pair allow monitoring of Eggs: Yes/No Reliable to incubate eggs: Yes/No
- Eggs well turned? Yes/No Substrate left in nest bottom: Yes/No
- Does Male feed Female when brooding: Yes/No
- Artificial incubation recommended for this pair: Yes/ No- At ? # days incubate: _____
For which reason(s): unreliable parents _____, disease prevention _____, to stimulate
reclutching _____, prefer hand raising day 1 _____ Other: _____
- Must chicks be kept back for 2nd generation breeding Yes/No , Must try _____
- 2nd generation Chick ID# _____ M/F Chick ID _____ M/F
- Is this pair a reliable foster pair: Yes/ No Has never fostered _____

Diet

Breeding Season: _____ Off Season: _____

Average # Clutches per year: _____ for Yrs. _____, _____, _____, _____, _____

Average # Eggs per clutch: _____ Average # chicks per year: _____

Optimum recorded breeding activity: Specify Months: _____

Resume' of Breeding Pair Health Records: Circle and insert:

(Health Concerns _____, Vitamin ADE deficiencies suspected _____, Ca deficiencies suspected _____, PDD suspects _____ or survivors of previous dead mate _____, CNS affected _____, Obesity _____, disability (i.e. toes, wings, beaks) _____, bumble foot _____, Papillomas _____, Polyomas risk _____, Pacheco's survivor _____, arthritis _____, abnormal droppings _____
Other: _____

