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### IN FLIGHT a brave new concept

by Sheldon Dingle Norco, California

My dear friend, if you have a parlor bird or two you need read no further. This article is not for you. If, on the other hand, you are a serious aviculturist with a modest to respectable collection of birds, please pay attention. I'm going to reveal a concept hitherto unknown in the annals of modern aviculture.

Let me begin by painting a verbal scenario. You awake one morning, have your coffee, then leisurely amble out to observe your birds. Your man, of course, has the feeding and watering all done by the time of your 9:00 a.m. stroll. With your stick you point out various adjustments and changes you'd like effected before noon. Suddenly, without warning, you spot a king parrot a bit fluffed up and looking poorly. Instantly the bird is sent off to the local vet and shortly thereafter word arrives that the bird died from causes unknown. The word is accompanied by a \$120 bill.

A week later another bird dies and is posted. Again, inconclusive reports of damaged liver, some E. coli, etc. Now you're a bit worried. Birds shouldn't be dropping from the perch. The next bird that looks ill is treated by the vet and returns to the flock after a week and \$490 worth of hospitalization. It had a bacterial infection.

So far you have two dead birds, one convalescing and about \$800 invested without much return. You still worry about the total collection of some 200 birds. You recoil at the thought of taking each bird individually to the vet for a check up. What to do?

Haven't we all, gentle reader, been through most of the above experiences? Now, I'm very happy to say, there is something that can be done. In southern California, at least, there is an avicultural consulting business called In Flight. This business brings together an experienced avian veterinarian, Dr. Robert Clipsham, and a world class aviculturist, Dale Thompson. This team will *come to your aviary*. They'll bring heaps of modern laboratory devices and several assistants and spend the better part of a day learning as much as possible about your specific aviaries.

Now I'm not sure exactly *why*, folks, but lately my burning bush has been more smoke than fire and my crystal ball has dimmed out on me and, to tell the truth, this year has not been one of the best, aviculturally speaking. Having

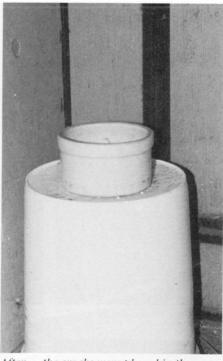


Dr. Clipsbam brought equipment to do many on-site examinations. Here be uses the microscope to monitor fecal samples for signs of internal parasites.



Before — the water crocks were too near the wire and too subject to contamination from birds banging on the wire. The rosie is on the outside looking in.

exhausted my own meager resources, I jumped on the opportunity to have the In Flight team come aboard my place



After — the crocks were placed in the aviary shelter atop 5-gallon buckets. This precludes contamination from rodents or wild birds.

and do their number.

Birdall-1

Most of you already know that I'm a very private person and seldom, if ever,

invite even my closest friends onto the property. I studied the matter closely and determined that anything In Flight learned while at my aviaries would remain in perfect confidence. Naturally, I asked many searching questions about In Flight's previous clients but was met with stony silence — ignored is the word. I'm sure none of you need worry about a breach of security or confidence. Such behavior would be the death of any consulting business.

Finally, the great day arrived and two cars full of people (actually, there were only four persons) and equipment appeared and In Flight settled down to do their work.

The work can be roughly divided into two categories, medical and husbandry. Dr. Clipsham, obviously, specializes in the medical and Dale Thompson focuses more on the techniques of husbandry. A definite boon is the fact that there is a great deal of overlap wherein Clipsham knows a lot about husbandry and Thompson knows a lot about avian medicine. All of this works to the advantage of the client.

Each aviary, of course, is unique and In Flight will make the necessary adjustments but there is a general pat-

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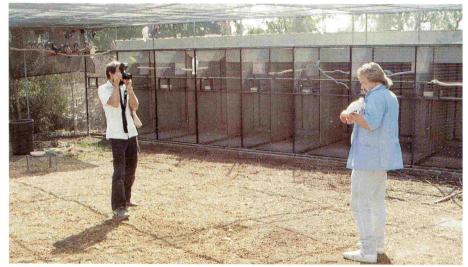




Thompson has opened a dead-in-shell egg and Clipsham photographs it for the record.



Blood is drawn for later analysis in the laboratory.



Dale Thompson and Dr. Clipsham seemed to enjoy their visit and took time to play with some of the tame birds.



*The In Flight team examines the birds while the birds examine the team. "Goofy," the Goffin's, monitors Dr. Clipsbam.* 

tern to how these experts go about their business.

The first thing done is to make a general survey of the whole collection. Of interest is the total number of birds, the number of birds in each family or group (cockatoos, macaws, Amazons, finches, pheasants, waterfowl, etc.) and how many individuals are kept per cage, flight, pen, etc. Are species



*Dr. Clipsham holds the attack Amazon while collecting fecal samples.* 

mixed? Are the birds surgically sexed and paired? This general survey sets the stage for what I'd call the statistical evaluation.

From a medical standpoint a statistically significant number of birds must be sampled to get a good reading. Sample too few birds and the results may not produce an accurate answer for disease screening. Sampling too many birds is too costly. The number of birds actually sampled may vary depending upon the species, the birds' ages and the specific disease being tested for.

Once the overall evaluation is digested, the health analysis begins. This may vary according to the collection so I'm going to enumerate out of personal experience what was done at my place.

### I. Health Analysis of the Birds

A. Fecal examination for parasites, yeast and fungus

B. Fecal culture and sensitivity test for bacteria

C. Fecal culture for psittacosis — i.e. pooled fecal samples for each flight group taken over five consecutive days

D. Psittacosis titer testing of about 25% of the flock (there are cost factors and consideration of state and county public health agency involvement if you opt for this test but it seems stupid to me to check everything out *except* psittacosis. Fortunately, in my case, no psittacosis was found but I wanted to *know*).

E. Virus titer testing for viral disease such as herpes, reovirus, papovavirus, pox viruses, etc.

F. Physical examination of a percentage of the birds including flight observations and individual examinations. Clipsham did blood panels, feather analysis, took skin scrapings and took oral samples for culturing.

#### II. Health Analysis of the Environment

A. Water analysis

B. Water bowl and plumbing cultures

C. Feed source and feed bowl cultures

D. Feed and seed culture for fungus and bacteria

E. Culture and sensitivity tests on nest box shavings

F. Evaluation of vermin and vector control

G. Evaluation of preventative sanitation and disinfection. (As an aside, the next issue of *Watchbird* will have a major article on disinfection.)

H. Culture and sensitivity tests on the incubators.

Continued on page 38

# AND THE WINNER IS...

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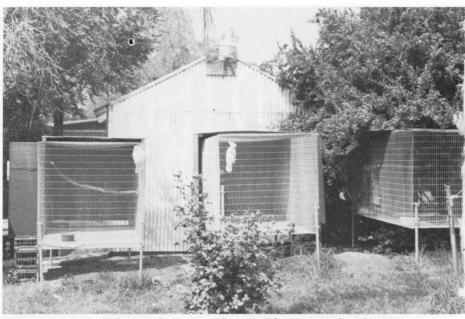
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Thompson suggested these cockatoo cages be raised from two to four feet above the ground and that visual barriers be installed to give the birds a greater sense of security.

Some results of the above tests can be gotten on the spot while other results take time in the laboratory. The end result, however, lets you know if you have a hot disease that needs instant emergency action or whether you have a mild, chronic infection that merely awaits the stress trigger to set off major problems.

While Dr. Clipsham and his technician were doing the medical evaluation, Dale Thompson and his excellent assistant made an evaluation of husbandry techniques. The following list indicates some of the things Thompson scrutinized.

### I. Aviary Construction and Furniture

A. Wire type and size

B. Flooring: dirt, concrete, grass, gravel, etc.

C. Perch type and locations

D. Nest box type, size and locations

E. Aviary frame type: wood, tube, pipe, etc.

F. Feed dishes: mixed, cafeteria style, location, etc.

G. Watering system: bowls, automatic, location, etc.

H. Visual barriers: whether necessary or not according to species of bird.

I. General protection from heat and cold — especially important with regard to nest boxes.

J. Types of birds in proximity to each other. (Dale tactfully suggested the 12 pairs of African grays would probably not breed well while sharing a huge flight with three pairs of galahs and about 12 random oddball other cockatoos.) K. Placement of individual cages and flights with respect to the overall design of the aviaries.

### **II. Nutrition**

A. Specific diets for each species group.

B. Vitamin and mineral supplements. C. Types of fresh foods, fruits, greens, etc.

D. Feed and water schedule times.

### III. Incubation, Brooding and Hand Feeding Techniques

A. Types of incubators

B. Instrumentation of incubators

C. Temperature and humidity norms

D. Egg handling (when to pull eggs, how to place them)

E. Hatching techniques

F. Baby food formulae

G. Methods of feeding: gavage, spoon, syringe, etc.

**IV. Many other factors** that are hard to list but for which Thompson had a gut reaction based on years of full-time professional aviculture

Folks, you all know that I can dish out a lot of hard core criticism and abuse. But I am also well prepared to, take the same. I really expected Thompson to say, "Dingle, you dumb S.O.B., you know thus and such won't work." Actually, he was very tactful. I did see the occasional raised eyebrow and a surreptitious shake or two of the head, but Thompson was very upbeat and positive and focused more on ways he felt we could double production by making a few changes this way or that. He did go into more detail in his by-mail follow up but by then his skinny little neck was out of harm's

way and he could regard my 230 lbs. and strangling hands with impunity.

Already this article is twice as long as I had intended but let me sum it up by saying I am extremely happy with the results of In Flight's visit to the Dingle aviaries. Dr. Clipsham was unable to find any serious medical problems. He did find evidence of a couple of low grade bacterial infections but he sent the right medicine and a three day treatment cured those minor problems. He and Thompson recommended changing the position of the water crocks to prevent a recurrence.

On the husbandry side, Thompson made a number of recommendations (raising the cockatoo cages from two feet to four feet above the ground, installing some visual barriers, putting the Amazons on a less fattening diet, better protection from heat for the nest boxes, etc., etc.) that I sincerely feel can more than double the production of baby birds. If I get my act together and follow In Flight's advice on cages for the grays, we can probably quadruple production.

My mind is at rest regarding disease, and an excellent blueprint for construction and alteration is set out before me. And these changes can be made one flight at a time as I have the time and money to do them. In effect, each step I take now is one step in the direction of a master plan for my particular collection.

And, dear friends, the cost of In Flight's consultation was a mere pittance compared to my benefits. If I save one major egg or raise one or two more cockatoos or grays the whole thing was, in effect, FREE. You will, of course, have to work out your costs with In Flight according to your own aviaries but, believe me, no greater bargain is to be had in aviculture.

And for you less fortunate souls who live outside of southern California, let me tell you that In Flight has a concept on the drawing board that will permit you to videotape everything about your own aviaries and send the tape and collected lab samples for a full evaluation. This whole concept boggles my mind and as it progresses I'll be sure to inform you in this magazine. In over 20 years of aviculture nothing has excited me more.

You may, nay, you *must* contact Dr. Clipsham and Dale Thompson for your own participation in the professionalization of American aviculture. Write to In Flight, 2470 Stearns St., Suite 240, Simi Valley, CA 93063 or call (805) 522-7543. ●

