



Animal Welfare Annual Assessment Long Form

3. Does the enclosure **drain** so that the animals is not in an unnatural condition and that the enclosure does not pose a health threat?

Yes No N/A

If no, please include suggested solutions:

4. Are there any **water quality** factors that may be affecting animal health or welfare (e.g. temperature, DO, ammonia, nitrate, nitrite, salinity, pH, chlorine, bacteria/coliforms)?

Yes No N/A

If yes, please describe:

Attention warranted

5. Does the animal have access to light periods and wavelength similar to that of the wild habitat?

Spectrum/UV: Yes No

If no, please describe:

Photo period: Yes No

If no, please describe:

6. Is the animal subjected to excessive **noise** (e.g. crowds, construction, traffic, concerts, etc.)?

Yes No

If yes:

How often does the noise occur?

Typical duration of the noise:

Decibel reading at the height of the noise:

Does the animal appear to react to the noise? Yes No

7. Does the animal **interact** with:

Staff: Yes No N/A

Visitors: Yes No N/A

If yes, does the interaction appear to be Positive Tolerable Detrimental for the animal?

Comments:

8. Does the exhibit offer **shelter** from the elements?

Yes No N/A

Does the animal utilize shelters within the enclosure?

Yes No N/A

Is there enough shelter for all animal residents without encouraging aggression?

Yes No N/A

Is the exhibit substrate appropriate and safe (e.g. not too slippery or rough, soft)?

Yes No N/A

Comments:



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9. Is the enclosure of size and complexity to offer allow animals to perform species-natural behaviors and offer choices with how and where to spend their time?

Yes No

Is the enclosure cleaned regularly to remove urine and feces?

Yes No N/A

Is the enclosure large enough and contain visual barriers to allow the animals the ability to comfortably retreat from zoo visitors and staff?

Yes No N/A

Comments:

Physical Factors of Animal Welfare

Attention warranted

1. Current weight: 1. 2. 3. 4. Choose an item. Exact or Estimated? Date of last weight measure: 1. 2. 3. 4. Has the animal's weight fluctuated by more than 5% within the past month (or since the last known weight measurement)?

Yes No Unknown

Is the animal's weight within a normal range for the species?

Yes No N/A

Please attach the animal's weight trend graph from ZIMS

2. Is there an established body condition scale for this species?

Yes No

Body condition

Animal 1: Choose an item.

Animal 2: Choose an item.

Animal 3: Choose an item.

Animal 4: Choose an item.

Comments:

3. Is stool quality normal?

Yes No Unknown

If abnormal, please describe (e.g. consistency, quantity, foreign material, frequency):

4. Is there an established coat/scale/feather condition scale for this species?

Yes No

Is the animal's Coat/Scales/Feathers in good condition?

Yes No

If no, please cite the suspected cause: Other

Comments:



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5. Are the animal's **nail/hoof/beak** in good condition?
 Yes No N/A

If no, please cite the suspected cause: Choose an item.
Comments:

6. Are the animal's **teeth/tusks** in good condition?
 Yes No N/A

If no, please cite the suspected cause: Choose an item.
Comments:

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Attention warranted

7. What is the animal's current **diet**?

Does the animal regularly consume its normal diet?

Yes No

Does the diet allow for enrichment foods to be offered?

Yes No

Does the diet include bones and carcass foods?

Yes No N/A

If yes, then how often?

Comments:

8. Is the animal's **growth**:

Delayed

Below average for species/age

Average for Species/Age (or full grown)

Above average for species/age

Accelerated

If delayed or accelerated, does this affect the health of the animal?

Yes No

Comments:

9. What is the animal's **reproductive state**?

Animal 1: Choose an item.

Animal 2: Choose an item.

Animal 3: Choose an item.

Animal 4: Choose an item.

If reproductive, does the animal rear its young naturally and appropriately?

Yes No N/A

Comments:

10. Is the animal in good **physical health**?

Yes No

Date of last physical exam: 1. 2. 3. 4.

Comments (please describe any medical findings and treatments):

11. Does the animal have any of the following **physical ailments** (check all that apply)? If yes, please Describe.

Terminal illness/injury

Curable short-term illness/injury



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- Chronic condition
- Significant detriment to daily/bodily function
- Acceptable parasite load

Behavioral and Psychological Factors of Animal Welfare

Attention warranted

- 1. Describe the animals' **activity** pattern: Diurnal
 - 2. Has an **activity budget** been developed for this animal?
 - Yes No
 - If yes, for what period of time was the activity budget determined?
Was the activity level and behavioral diversity appropriate for the species?
 - Yes No
 - Were undesirable behaviors observed?
 - Yes No
 - If yes, then please describe:
- 3. Please describe the typical **social structure** for this species in the wild:
 - Solitary
 - Female dominated
 - Male dominated
 - All female group
 - Bachelor group
 - Other
- 4. Please describe the social group for this individual:
 - Solitary
 - Female dominated
 - Male dominated
 - All female group
 - Bachelor group
 - Mixed species
 - Other
- 5. Does the animal exhibit normal **social behaviors** for this species?
 - Yes No

If no, then please describe:
- 6. Please describe the animal's place within the group **social structure** or hierarchy:
Animal 1: Generally submits to conspecifics but might be dominant over some



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Animal 2: Choose an item.

Animal 3: Choose an item.

Animal 4: Choose an item.

Comments:

Attention warranted

7. Is the density of animals appropriate for the housing space?

Yes No

If no, are there physical or behavioral signs of overcrowding?

Yes No

If yes, please describe:

Has aggression been noted?

Yes No

If yes, please describe:

8. Does the animal exhibit signs of **stress**?

Yes No

If yes, how much stress does the animal appear to be under?

Animal 1: Appropriate levels of stress with appropriate behavioral response

Animal 2: Choose an item.

Animal 3: Choose an item.

Animal 4: Choose an item.

Comments:

9. Does the animal perform any **undesirable behaviors** (check all that apply)?

Stereotypy (pace head roll rock/sway other)

Hair/feather plucking

Regurgitation and reingestion

Coprophagy

Nose rubbing/striking on enclosure wall

Jumping out of the tank

Listlessness/lethargy

Color change

Other:

If yes, does the behavior occur regularly (e.g. same time of day?)

Yes No Don't know

How frequently does the behavior occur? Choose an item.



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Have behavioral data been collected to support this?

Yes No

Comments:

10. Are there **aversive stimuli** in the enclosure that the animal tries to avoid?

Yes No

If yes, does this appear to cause unacceptable levels of stress for the animal or stress that the animal is not able to cope with?

Yes No

Please describe:

11. Does the animal perform species-typical and **appropriate behaviors** within the enclosure?

Locomotion: Yes No

Social interaction Yes No

Normal postural movements Yes No

Is the animal limited or prevented from performing any species-typical and appropriate behavior?

Yes No Don't know

If yes, does this appear to be detrimental to the animal's well-being?

Yes No

12. Does the animal obtain appropriate levels of **exercise**?

Yes No

Comments:

13. Does the animal have appropriate **refugia** from enclosure mates, public and perceived danger?

Yes No

14. Does the animal have the option to go off exhibit during the day?

Yes No

15. Does the animal have the option of going on exhibit overnight?

Yes No

16. Does the animal receive **enrichment** daily?

Yes No

How many times throughout the 24-hour day is enrichment typically offered?

How many enrichment options is the animal typically offered when enrichment is provided?

Comments:



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17. Does the animal participate in an operant condition **training** program?

Yes No

If yes, how often?

Does the animal readily participate in training when asked?

Yes No

Does the animal show a higher comfort level with or preference to train with one keeper over another?

Yes No

Comments:

18. How much time on average does the **keeper staff interact** with the animal per day?

Comments:

19. Is the animal **handled** by keepers, education staff or volunteers for programs?

Yes No

If yes, then how often:

Is the animal taken out of the enclosure for programs?

Yes No

If yes, does it have the option to choose to participate?

Yes No

Who handles the animal? Keepers Volunteers Education staff

Does the animal show signs of discomfort during Loading Transport Program?

For any boxes checked, please describe the animal's behavior or posture and the handler's typical response:

Please list any additional comments related to the animal's wellbeing:

Items Requiring Attention			
Section	Item number	Concern	Action Taken/Date

Are there any medical/health concerns identified within this assessment? Yes No



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Additional Comments:

Reviewed by:

Area Keeper:

Assistant Director: Click here to enter text.

Date of Review: Click here to enter a date.

Date:

SAMPLE