Exotic Patient Information Form

Owner First and Last Name: _____ Date:_____

Exotic Animal Physical Restraint Consent

Though our medical team takes every precaution to provide a safe visit for your companion, even routine procedures such as nail trims, beak trims, feather trims, or tooth filing can be risky due to the fragile nature of these animals and the possibility of underlying disease conditions. Exotic animals inherently become stressed when handled; this could result in illness or even sudden death. **Your signature indicates that you understand these risks and consent to necessary restraint.**

_____ _____

Signature Date

Pet Information

Name: _____

☐ Bird ☐ Reptile ☐ Ferret ☐ Rabbit ☐ Rodent ☐ Other: _____

Breed: _____ Microchipped or banded? ☐ Yes ☐ No

Medical Information

Previous Vet Hospital: _____ Phone: _____

Previous health conditions: _____

What is the reason for your pet's visit today? _____

_____

_____

When did the issue start? _____

Previous health conditions of your pet: _____

_____

Is your pet currently taking medications? ☐ No ☐ Yes – Explain: _____

_____

Are any other animals or people in the household ill? ☐ No ☐ Yes – Explain: _____

_____

Housing & Environment

Where does your pet spend most of its time? _____

If it has an enclosure, what are the dimensions? _____

What material is the enclosure made of? _____

What do you use on the bottom of the cage? _____

How often is the bedding changed?_____

What do you use to clean the enclosure? _____

What do you use to clean perches, toys, etc.? _____

Is the enclosure near a window? ☐ Yes ☐ No Does it receive direct sunlight? ☐ Yes ☐ No

Does your pet spend time outside the house? ☐ No ☐ Yes

If yes, where_____

Is your pet exposed to any smoke, such as cigarettes, vapes, and/or other substances? ☐ Yes ☐ No

What other animals live in your home that are not already patients of our hospital?

NAME	SPECIES	BREED	LENGTH OF OWNERSHIP	AGE	HOUSE WITH THIS PET?

Pet's Diet

What does your pet eat? Select and describe the components of your pet's diet. Please include the approximate percentage each type of food makes up of their total diet. Nutrition has a significant impact on health and this information is vital to helping your pet be as healthy as possible.

Type of Food	Details: Brand (if known) or Type	Approx. % of daily diet
☐ Pellets		
☐ Fruits / vegetables		
☐ Seed / seed mix		
☐ Hay		
☐ Table food		
☐ Protein (e.g. pinkies, mealworms)		
☐ Other		

What vitamins / supplements are you using and how frequently? _____

How often do you change food? _____

How do you provide water? ☐ Bowl ☐ Bottle ☐ Mister ☐ Other: _____

How often do you clean water container and provide fresh water? _____

*****Answer the questions below that apply to your pet *****

Small Mammal:

Does your pet type have a litter box and is litter box trained? ☐ Yes ☐ No

Are there any other pets housed in the same enclosure? ☐ Yes ☐ No , if YES please make sure they're listed above

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Reptile:

Does the enclosure have a thermometer to measure temperature? ☐ Yes ☐ No

If yes, what is the average measurement? _____

What is the hottest temperature? _____ Coldest? _____

What is the temperature of the basking area? _____

Does the enclosure have a hygrometer to measure humidity? ☐ Yes ☐ No

If yes, what is the average humidity? _____

Do you use a full spectrum UVB light? ☐ Yes ☐ No

How often does your reptile shed? _____

Does your reptile have flaking scales / skin or retained shed? ☐ Yes ☐ No

If yes, how long has this been occurring? _____

What is the consistency and frequency of stool? _____

Aquatic animal (like a turtle):

How deep is the water in the enclosure? _____

What is the temperature of the water? _____

How often is the water changed? _____

Do you have a water filter? ☐ Yes ☐ No

Bird:

How often does your bird molt? _____

Does your bird exhibit feather picking? ☐ No ☐ Yes – How long? _____

Has your bird exhibited any breeding behavior? ☐ No ☐ Yes

If yes, last time it occurred: _____

Has your bird laid eggs? ☐ No ☐ Yes

Has your bird shown destructive behavior? ☐ No ☐ Yes: _____

Has your bird received vaccinations? ☐ No ☐ Yes

If yes, which vaccinations and when were they last administered? _____

_____

Is your bird confined to one room in the house? ☐ No ☐ Yes

If yes, describe what is accessible: _____

_____

Do you use a full spectrum UVB light? ☐ No ☐ Yes

Do you use non-stick cookware such as Teflon pans? ☐ No ☐ Yes

Do you use aerosolized sprays or scents, or candles in the home? ☐ No ☐ Yes