



Patient Name: _____ Owner First and Last Name: _____

Male Female How was the sex confirmed? _____

How long have you owned the pet? _____

Where did you acquire this pet? _____

What other animals live in your home?

Name	Species	Breed	Length of ownership	Age	Housed with this pet?

What does your pet eat? Select and describe the components of your pet's diet.

Type of Food	Details: Brand (if known) or Type	Approx. % of daily diet
<input type="checkbox"/> Pellets		
<input type="checkbox"/> Fruits / vegetables		
<input type="checkbox"/> Seed / seed mix		
<input type="checkbox"/> Hay		
<input type="checkbox"/> Table food		
<input type="checkbox"/> Protein (e.g. pinkies, mealworms)		
<input type="checkbox"/> 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? _____

Housing

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 company made the enclosure? _____

What do you use on the bottom of the cage? _____ How often is it 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? Yes No

Is your pet exposed to any smoke, such as cigarettes? Yes No

*****Answer the questions below that apply to your pet then complete next section*****

Small mammal: Is your pet litter box trained? Yes No

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

How can we help you today?

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: _____

Exotic Animal Physical Restraint Consent

Exotic animals inherently become stressed when handled; this could result in illness or even sudden death.

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.

Your signature indicates that you understand these risks and consent to necessary restraint.

Signature

Date