



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*