# Exotics Information


Client Name: _____

Patient: _____

Date: _____

1. Reason for visit: _____

2. Duration of the problem: _____

3. Has your pet been treated for this problem? [ ] Yes [ ] No

4. If you answered yes, what treatment was given and how long ago, treating hospital name: _____

_____

5. Has your pet had any medical/problems? Is your pet taking any medications? List all:

_____

6. If the problem is due to an injury, do you know the cause of the injury? _____

_____

7. How long have you had your pet? Where did you get pet from? _____

_____

8. How is your pet's appetite? [ ] Normal [ ] Decreased [ ] Not Eating

How long? _____

9. How is your pet's activity level? [ ] Normal [ ] Lethargic [ ] Other

How long? _____

10. How is your pet's stool? [ ] Normal [ ] Hard [ ] Soft [ ] Diarrhea

How long? _____

11. How is your pet breathing? [ ] Normal [ ] Labored [ ] Open Mouth [ ] Wheezing

How long? _____ Has it been getting worse since you noticed? _____

12. Is your pet coughing or sneezing? [ ] Yes [ ] No For how long? _____

_____

13. Do your pet's eyes appear normal? [ ] Yes [ ] No If no, please describe; _____

How long? _____

14. Does your pet's nose appear normal? [ ] Yes [ ] No If no, please describe:

How long? _____

15. What do you feed your pet? Please list everything: _____

_____

16. Do you give any supplements? Please list all: _____

_____

17. Describe your pet's housing (cage, tank, etc.). Please list everything in pet's environment (toys, bedding, what cage is made of,etc.): _____

_____

18. Where does your pet live? [ ] Indoor [ ] Outdoor [ ] Both If both, what percentage indoor vs. outdoor? _____

19. Does your pet have a heat and/or light source? Describe type, how many hours used and age of bulbs: _____

_____

20. Does your pet live alone? [ ] Yes [ ] No If no, describe: _____

_____

21. Are there any other pets in the house? [ ] Yes [ ] No If yes, describe: _____

_____

22. Are any other pets or persons showing signs of illness? [ ] Yes [ ] No If yes, describe: _____

23. Where in the home is your pet's cage located? Is it in front of or near a window or doorway? _____

24. What do you clean your pet's cage with? How often do you clean it? _____

_____

25, Does anyone in the house smoke? [ ] Yes [ ] No

26. Do you use any items that have a non-stick surface (Teflon, Silverstone)? [ ] Yes [ ] No

27. Do you use scented candles, plug-in air fresheners, etc.? Please describe: _____

_____

28. What is the source of your pet's drinking water? [ ] Tap [ ] Bottled [ ] Other _____

29. How often do you change your pet's water? _____

30. Do you allow your pet to roam freely around the house? [ ] Yes [ ] No [ ] Supervised

31. Is your pet vaccinated? List all and when they were given: _____

_____

32. Do you know the sex of your bet? How was the sex determined? [ ] Blood test [ ] Probe [ ] Egg Laying [ ] Other _____

33. Is your pet spayed/neutered? [ ] Yes [ ] No If yes, when was it done? _____

34. Does your pet have a history of egg laying? [ ] Yes [ ] No

35. Is your pet displaying any breeding behavior? [ ] Yes [ ] No

36. How is your pets color? [ ] Normal [ ] Darker [ ] Lighter