

# Exotic Pet History Form

Place Patient Label Here

Date: \_\_\_\_\_

Avian       Reptile

Small Mammal

## Background Information

Length of time owned: \_\_\_\_\_ Where acquired: Breeder \_\_\_\_\_ Pet store \_\_\_\_\_ Other \_\_\_\_\_

Vaccination history: \_\_\_\_\_ When was last molt? \_\_\_\_\_

Character of droppings: \_\_\_\_\_ How often is pet handled? Daily \_\_\_\_\_ Occasionally \_\_\_\_\_ Never \_\_\_\_\_

Is the pet ever taken outside of the home? N Y Where? \_\_\_\_\_

## Husbandry

Housed: indoors / outdoors Where is the cage located? \_\_\_\_\_

Type of cage: \_\_\_\_\_ Size of Cage: \_\_\_\_\_ Galvanized? N Y

Cage substrate: \_\_\_\_\_ How often is the cage cleaned? \_\_\_\_\_

What type & wattage of light/heat source is used? \_\_\_\_\_

\_\_\_\_\_

What type of disinfectant is used to clean cage? \_\_\_\_\_

Any other pets? N Y If yes, please specify: \_\_\_\_\_

Pets are housed: Single Together If not housed together, where are the other pets located? \_\_\_\_\_

Any new additions to the pet population? N Y If yes, please specify: \_\_\_\_\_

Were new additions quarantined from the rest of the pets before introduction? N Y For how long? \_\_\_\_\_

## Nutrition

Types of food offered: \_\_\_\_\_

Pellets? N Y Seed? N Y Fruits? N Y Veggies? N Y

Types of supplements/treats offered: \_\_\_\_\_

Water source: Bowl Bottle How often is water changed? \_\_\_\_\_

## Past Medical History / Problems:

\_\_\_\_\_

\_\_\_\_\_

Current Presenting problems: \_\_\_\_\_

\_\_\_\_\_