

*ABC ANIMAL AND BIRD CLINIC EXOTIC PET MEDICAL
INFORMATION HISTORY FORM*

The information you provide on this form can aid in helping the doctors diagnose your pet's condition faster and more accurately. Please answer each question with as much detail as possible. Thank you.

Your name _____ Pet's Name _____
Species _____ Sex _____ Age _____ Color _____
How long have you owned this pet? _____
Where was this pet acquired? _____

Describe your pet's problem(s) _____

When did your pet's current problem(s) begin? _____

What kind of housing is your pet kept in? _____

What type of bedding is used? _____

What kind of heat source is used? _____

What is the average temperature in your pet's environment? _____

List all of the foods that you offer to your pet. Please be sure to include the amount and frequency that each is fed. _____

Of the foods listed above, which does your pet eat? _____

Does your pet receive any vitamin or mineral supplements? If so please list, and tell how often?

What is the source of your pet's water? _____

Does your pet have any history of previous diseases, injuries, or parasitic infestation?

Is your pet currently on any medications? If yes please list.

If you have any other information pertaining to your pet's health, please explain in the space below

