

Exotics Information



ANIMAL HOSPITAL OF
REDONDO BEACH

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