

Exotic Animal History

{PATIENTID} {NAME} {AGE} {SPECIES} {SEX}
{CURRENTDATE[SHORT]}

Reason for Visit:

1. Obtain a copy of any previous medical history and scan into chart.
2. For items that do not apply, check the box labeled N/A
3. Fill out the following questions as they pertain to the pet. Please note that not all questions are needed for all species. If client is unsure of answer, please put unknown

Ownership

How long has the pet been owned?	
How old is the pet?	
When/Where was pet obtained?	
Was there more than one pet obtained?	
Was pet quarantined? For how long?	
Are there any other pets in household?	<input type="checkbox"/> N/A
When were they added to household?	<input type="checkbox"/> N/A
Were they quarantined when brought to household?	<input type="checkbox"/> N/A
Any previous testing, treatment or vaccines? Explain	<input type="checkbox"/> N/A
Are they displaying any symptoms of illness or have any medical problems?	

Environment

What is the environment? Cage, Pen, Hutch, Aquarium?	
Indoor or Outdoor or Both? % of time in each	
What is the enclosure size? Gallons?	
What is the enclosure made of?	
What is the substrate (s) in enclosure? How often is it changed?	
Temperatures and ranges?	
Humidity and Lighting?	<input type="checkbox"/> N/A
UVB source and time spent under? When was bulb last replaced?	<input type="checkbox"/> N/A
Availability of hide boxes? Breeding boxes or nesting material? Humidity boxes?	<input type="checkbox"/> N/A
Any enrichment provided? How often?	

Diet

What diet is being fed? How long have you been feeding this? Any changes recently?	
How much and how often of each type? Last feeding?	
Any changes in appetite level?	
Pellets or mix? Brand?	<input type="checkbox"/> N/A
Do you feed any fresh foods or vegetables? Table food?	<input type="checkbox"/> N/A
Any Supplements or vitamins?	
Insects or prey (live, fresh killed or frozen) items?	<input type="checkbox"/> N/A
Are insects gut loaded or dusted? With what? Brand?	<input type="checkbox"/> N/A
Hay or grasses? What type?	

Exercise/Activity

What is pets exercise or activity routine?	
Does the pet travel? To where? (Domestic and International)	<input type="checkbox"/> N/A
Is the pet boarded? Where?	<input type="checkbox"/> N/A
Grooming or trimming? Last time and frequency?	<input type="checkbox"/> N/A
When was the last shed or molt?	<input type="checkbox"/> N/A
Any difficulties with shes or molts in past?	<input type="checkbox"/> N/A
Any behavior or activity changes? Explain	

Reproductive Status

Is the pet spayed or neutered?	
Has the pet ever bred? How many times?	<input type="checkbox"/> N/A
How many successful pregnancies?	<input type="checkbox"/> N/A
Any breeding behavior being observed?	
Is this pet a egg layer? Are eggs consumed by humans? When was the last eggs laid?	<input type="checkbox"/> N/A

Eliminations

Any change in amount or frequency of eliminations or droppings?	
Any change in quality or consistancy?	
Any abnormal discharge?	
Any blood in eliminations or droppings?	