

Pet's Name _____ Species _____

Owner's Name _____

Date of First Visit _____

Your Pet's First Visit

- Where was the pet obtained? When? _____

- How old (date of birth)?

- Previous healthcare _____

- Other pets in household _____
- Cage mate(s) _____

Husbandry

- Housing / cage description _____
- Substrate / cage lining _____
- Cage contents, toys, perches, dishes, etc. _____
- Heat sources / hrs. per day _____
- Light sources / hrs. per day _____
- Humidity _____
- Location of cage in household _____
- Cage cleaning protocol _____
- Hours per day caged _____

Diet

- Staple diet (seed, pellet, hay, mixed)- type of hay and pellets _____
- Fresh / frozen foods _____
- Treats / supplements / vitamins _____
- Frequency food / water changed _____
- Eating / drinking _____
- Passing stools / urine _____

- **We suggest Annual wellness exams /consultations.**
- **We suggest Annual blood tests and radiographs on the geriatric patients.**

Exotics Biography