Falls Road Animal Hospital

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Exotic Animal History

Owner's Name:_____ Date:_____

Patient Name: :_____ Species:_____

Length of ownership: _____

From what source did you acquire it? ☐ Pet Shop ☐ Breeder ☐ Other_____

Does your pet eat everything it is offered? ☐ No ☐ Yes

Food type (be specific): _____

Supplements (be specific): _____

Enclosure Type:_____ Temperature: _____

Substrate: ☐ Newspaper ☐ Artificial Turf ☐ Wood Chips ☐ Stones
☐ Coconut ☐ Other _____

Is your pet allowed out of its cage for exercise? ☐ No ☐ Yes

Have you noticed any current health problems? ☐ No ☐ Yes
If yes, please explain: _____
If yes, how long have you noticed them: _____

Any previous illnesses? ☐ No ☐ Yes
If yes, please explain: _____

Any recent medications? ☐ No ☐ Yes
If yes, please list: _____

When did you pet last eat? _____

Any change in appetite? ☐ No ☐ Yes

Any change in color or consistency of droppings? ☐ No ☐ Yes

Any regurgitation? ☐ No ☐ Yes

Any respiratory problems? ☐ No ☐ Yes

Any other animals in the enclosure? ☐ No ☐ Yes

If yes, do those animals have similar symptoms? ☐ No ☐ Yes

Any new animals in your collection? ☐ No ☐ Yes
If yes, where are they from: _____

Has this pet been exposed to any other animals? ☐ No ☐ Yes

For ferrets, Please note any vaccines (and dates last given) that your pet has had:

_____

_____

Other comments:

_____

_____

_____