

Ferguson Animal Hospital

NEW EXOTIC PET Information

DATE

LAST NAME

CHART/COMP #

PET INFORMATION

Name _____	Age/DOB _____
Species _____	
Breed _____	Sex _____
When and where did you get this pet? _____	
Is this pet <input type="checkbox"/> CAPTIVE BRED <input type="checkbox"/> WILD CAUGHT <input type="checkbox"/> DON'T KNOW	
Do you own other animals? <input type="checkbox"/> Y <input type="checkbox"/> N If yes please list	
Species _____	How many _____

HOUSING

Describe housing/furnishings _____	
Location _____	
How and when do you clean housing? _____	
Are there other animals in the cage? <input type="checkbox"/> Y <input type="checkbox"/> N	
Species _____	How many _____

PHYSICAL HISTORY

Describe appetite _____	
Are stools normal? <input type="checkbox"/> Y <input type="checkbox"/> N	
If no please explain _____	

LIGHTING

How many lights? _____ Type _____	
Location _____	
Time they are ON _____ OFF _____	

DIET

Primary source of food _____	
Brand _____	Where purchased? _____
Amount _____	Frequency _____
Greens? _____	Frequency _____
Treats? _____	Frequency _____
Vitamins/mineral supplements? Brand _____	
Amount _____	Frequency _____

HEATING

What is the temperature in the cage? _____	
Is it consistent? <input type="checkbox"/> Y <input type="checkbox"/> N	
What is the source of heat? _____	
Location _____	

MEDICAL HISTORY

Does this pet have any known medical conditions? <input type="checkbox"/> Y <input type="checkbox"/> N	
Diagnosis _____	Date _____
Name of DR _____	
Current medications? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Drug _____	Dosage _____
Time _____	
Has this pet had a fecal in last 6 months? <input type="checkbox"/> Y <input type="checkbox"/> N	
Has this pet been dewormed in the last 12 months? <input type="checkbox"/> Y <input type="checkbox"/> N	

In your opinion what is your pets current condition? _____	

Date	
Age	
WT	

DO NOT WRITE BELOW THIS LINE