

Client Name:

Pet Name:

Type of Pet:

Age:

Reason for Visit:

- | | | |
|-----------------------------|----------------------|--|
| General wellness exam | Eye Problems | Discharge from eyes or nose |
| Ear problems | Coughing | Sneezing |
| Lameness | Lethargy/weakness | Change in quantity or consistency of stool |
| Teeth protruding from mouth | Difficulty eating | Excessive salivation |
| Not eating or eating less | Difficulty breathing | Sores or swelling around mouth |
| Distended abdomen | Hair loss or sores | |

How long have you noticed these signs?

How long have you owned your pet? (check one)

Weeks Months Years

Where did you obtain your pet?

Pet Store Friend Breeder

Other:

What do you feed your pet?

How often do you feed your pet?

When did you last feed your pet?

Briefly describe the cage your pet lives in:

Wire bottom Solid flooring Aquarium Has a place to hide

Other:

Where is the cage located?

Type of bedding used on bottom of cage:

Water source: Bowl Bottle

Disinfectant used to clean cage:

Temperature in cage (reptiles): Min Max Basking Area

When was the last shed (reptiles)?:

Was it normal?