

DATE: \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_

PET NAME: \_\_\_\_\_

How long have you owned this pet? \_\_\_\_\_

Where did you acquire this pet? \_\_\_\_\_

\_\_\_\_\_

Please list all foods your pet eats (be as specific as possible): \_\_\_\_\_

\_\_\_\_\_

Do you use any vitamin supplements? If so, please list: \_\_\_\_\_

\_\_\_\_\_

Do you add these to the food or water? \_\_\_\_\_ How often? \_\_\_\_\_

Does your pet drink water from a bowl or bottle? \_\_\_\_\_

What type of enclosure is your pet kept in? \_\_\_\_\_

What is the average temperature of the enclosure? \_\_\_\_\_

What is the range of temperatures of the enclosure? \_\_\_\_\_

What substance(s) is (are) on the bottom of the enclosure? \_\_\_\_\_

What lighting systems are used in the pet's enclosure? How many hours for each system? \_\_\_\_\_

\_\_\_\_\_

How many pets total are kept in this enclosure? \_\_\_\_\_

How much time is your pet permitted outside the enclosure? \_\_\_\_\_

Briefly describe any past medical problems your pet has had: \_\_\_\_\_

\_\_\_\_\_

Has your pet been exposed to pets outside your household? (Pet shops, shows, groomer?)

\_\_\_\_\_

What other types of pets are in your household? \_\_\_\_\_

Have you recently added any new pets to your household? (Within the last year?) Please list: \_\_\_\_\_

\_\_\_\_\_

Would you be interested in participating in or learning about our exotic pet blood donor program? Yes \_\_\_ No\_\_\_