

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.**