



## EXOTIC ANIMAL QUESTIONNAIRE

Animal's Name: \_\_\_\_\_ Sex: M F Unknown Birthdate/Age: \_\_\_\_\_

Species: \_\_\_\_\_ Neutered/Spayed: YES NO

Source: Pet Store \_\_\_\_\_ Prior Owner \_\_\_\_\_ Breeder \_\_\_\_\_ Other \_\_\_\_\_

Date acquired: \_\_\_\_\_

Housed: Indoor Cage \_\_\_\_\_ Outdoor Cage \_\_\_\_\_ Free-roaming in House \_\_\_\_\_

Temperature in Cage: \_\_\_\_\_

Type of Cage Bedding: \_\_\_\_\_

List everything your animal ACTUALLY eats, including brand & treats:

Pelleted Food: \_\_\_\_\_

People Food: \_\_\_\_\_

Other: \_\_\_\_\_

Treats: \_\_\_\_\_

List other cage mates (how many): \_\_\_\_\_

Any other pets sick? YES NO

When did YOU notice your animal was sick? \_\_\_\_\_

What signs have you noticed in this animal, this incident? (CIRCLE ALL THAT APPLY): diarrhea, blindness, constipation, anorexia: breathing difficulty, lethargic, collapse, head tilt, circling, skinny, obese, limping, bleeding, eye/nostril discharge, ear problems, skin problems, change in personality, dental problems, drooling, hair loss, urination issues, skin swelling

Is the animal on any medications? If YES, what are they? \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_