

# Exotic Patient Questionnaire

**Patient Information Label**

Doctor: \_\_\_\_\_

Tech: \_\_\_\_\_

**Please put N/A on any questions that do not apply to your type of pet.**

1. What is the reason for your visit today? \_\_\_\_\_
2. Where did you get your pet and how long have you owned your pet? \_\_\_\_\_
3. Have you ever owned an exotic pet before? If so, what type? \_\_\_\_\_
4. How often is your pet misted? \_\_\_\_\_
5. What do you feed your pet and how often is it fed? (Please be specific) \_\_\_\_\_  
\_\_\_\_\_
6. What type of water does your pet drink? (Tap, bottled, distilled, purified, etc.) \_\_\_\_\_
7. Is your pet on any medications or supplements? If so, list: \_\_\_\_\_  
\_\_\_\_\_
8. Does anyone in your home smoke? \_\_\_\_\_ Does your pet have any known allergies? \_\_\_\_\_
9. Do your pet's fecal droppings look normal? \_\_\_\_\_
10. Any coughing or sneezing? \_\_\_\_\_
11. Have you noticed any regurgitation? \_\_\_\_\_
12. Is his/her activity level normal? \_\_\_\_\_
13. Describe your pet's environment: (size/type of cage, any plants/rocks, where cage is located, if it is indoors or outdoors, etc.) \_\_\_\_\_
14. What type of lights do you use, and how often are they on? \_\_\_\_\_
15. Does pet have any access to natural light? If so, how often, and how much? \_\_\_\_\_
16. What type of bedding/litter is used in cage? \_\_\_\_\_
17. If pet, is kept in water: what type of water is used, how often is it changed, and when was the last time a water quality test was run? \_\_\_\_\_  
\_\_\_\_\_
18. Has your pet ever been sick? If so, when, and what was wrong? \_\_\_\_\_  
\_\_\_\_\_
19. Has your pet been around any new or different species, or has it been brought to a new environment recently? \_\_\_\_\_
20. Have there been any behavioral changes? \_\_\_\_\_
21. Are there any other problems you are concerned about? \_\_\_\_\_  
\_\_\_\_\_