



Exotic Pet CHECK-IN

DATE: _____

Pet Name: _____ **Guardian Name:** _____

Reason for your visit today:

Wellness Problem

- | | | |
|---|---|---|
| 1. Is your pet eating normally? | Y | N |
| 2. Is your pet drinking normally? | Y | N |
| 3. Has your pet vomited recently? | Y | N |
| 4. Has your pet had diarrhea recently? | Y | N |
| 5. Has your pet been sneezing recently? | Y | N |
| 6. Has your pet been coughing recently? | Y | N |
| 7. Is your pet drinking more water? | Y | N |
| 8. Is your pet urinating more volume? | Y | N |
| 9. Is your pet urinating more frequently? | Y | N |
| 10. Is your pet indoor only? | Y | N |
| If so, are screens or porches available? | Y | N |
| 11. Is your pet allowed outdoors? | Y | N |
| 12. Are there children in your house 8yrs or under in age? | Y | N |
| 13. a.) Are your pets stools normal? | Y | N |
| b.) Are your pet's urates white/tan? | Y | N |
| 14. Has this pet been out of Colorado ever? | Y | N |
| If so where _____ | | |
| 15. Do you have plans to travel with your pet? If so where? _____ | Y | N |
| 16. Microchipped or banded? # _____ | Y | N |
| 17. Does your pet have bad odor from the mouth or teeth? | Y | N |
| 18. Is your pet showing pain around the mouth or head? | Y | N |
| 19. Is your pet chewing hard food and toys? | Y | N |
| 20. Do you give Heartworm preventative 12 months a year? | Y | N |
| If not, when do you give preventative? _____ | | |

FOR OFFICE USE ONLY

Rabies -Imrab	Current	Today	Overdue		Bloodwork	Current	Today	Overdue	
Ferret Distemper	Current	Today	Overdue		Chlamydia Test/ Tx	Current	Today	Overdue	
Avian Vaccines	Current	Today	Overdue		Dental(if applies):	I	II	III	IV
Htwm Test	Current	Today	Overdue		Food/Treats	_____			
Heartworm Prev Rx	Current	Today	Overdue		Housing : Litter/Substrate	_____ Temp _____			
Deworming	Current	Today	Overdue		%Humidity	_____	Heat Source:	_____	
Fecal O&P Test	Current	Today	Overdue		Light Source:	_____	Cage Size/Type:	_____	
Fecal Smear Test	Current	Today	Overdue		CURRENT MEDICATIONS	_____			
					CURRENT OTC/VITAMINS	_____			