

Animal Medical Center of Rome

Exotic Pet Information Sheet

Please bring this completed form to your appointment

Owner's Name: _____

Pet's Name: _____ Age: _____ Sex: M/F Breed: _____

Where did you acquire your pet? _____

How long have you had your pet? _____

Has your pet been to a veterinarian before? Yes/No

If yes, please list when was the last visit, the reason for your visit and name of the clinic: _____

Is the cage you brought with you today the pet's usual cage at home? Yes/No

If not, please describe the cage including the size of the cage, perches(size, type,and number), cage bottom lining, toys, etc: _____

Do you have more than one pet? Yes/No

If so, are they housed separately or together? _____

What kinds of toys are provided for your pet and do they chew/destroy them? _____

Is your pet allowed out of the cage? Yes/No

If yes, is any of this time unsupervised? _____

Is your pet allowed outside? Yes/No

If yes, is any of this time unsupervised? _____

Is your pet allowed to roam any portion of the house? Yes/No

If yes, is any of this time

unsupervised? _____

What brand of food do you feed your pet? _____ Please list all food your pet is offered and how often these are offered (seeds, pellets, vegetables, fruits, supplements, etc)

Daily (D), Often (O), Sometimes (S), Never (N): _____

How often do you clean and disinfect your cage? _____

What do you use to clean the cage? _____

How often do you change the cage bottom? _____

How often do you clean/change the food and water bowls? _____

Where is the cage located in your home? _____

Have you acquired any new pets recently? Yes/No

If yes, when: _____

Has your pet been exposed to any other pets recently? _____

Is your pet on any medications? Yes/No

If yes, please list any past and present medications: _____

Does your pet have any behavioral issues? (Biting, feather plucking, screaming, etc.) Yes/No

If yes, please describe: _____

How long have these issues been present? _____

Have there been any change in your pet's droppings (number, color, consistency)? Yes/No

If yes, please describe: _____

To your knowledge, is there a history of illness or injury? Yes/No

If yes, describe: _____

If applicable:

Is your bird able to fly at this time? Yes/No

If yes, are they allowed to fly freely? Yes/No

When was the last time the bird's wings were clipped? _____

Describe any other problems or concerns:
