

Pet Name: _____

Best Phone Number: _____

Bay Road Animal Hospital Exotics Intake Questionnaire

Problem/Concern (when did it start, where is it located, how long has it been going on?):

Any changes to diet or environment prior to the problem? _____

Has this happened before, if so how was it resolved? _____

List all current medications, preventions, and supplements along with dosing instructions (Ex: gabapentin 1tab twice day) _____

Current diet: (include treats/ fruits/veggies/ etc.): _____

What housing is the pet in? (Ex: cage &size, x-pen, own room, etc,)

Does the pet get free roam, and if so where? _____

What lighting does the pet mainly have? (Ex: natural, heat lamps, fluorescent, etc)

What environment/floor are they typically on? (Ex: sand, grass, shavings, carpet, wood perch, etc) _____

Reactions to vaccines or medications (if yes to what?): _____

List all other type of pets in household (ex: 2 dogs, 1 cat): _____

Do you need an estimate for today? Yes No Yes if over: _____

Please note that your pet is being worked into the doctor's schedule today. We can not guarantee a pick up time prior to 4pm due to possible diagnostics/treatments that may be required. We will call you when they're ready for pick up