

# Exotic Pet Patient Form



Thank you for giving us the opportunity to care for your pet. We are happy to answer any questions you have about your pet's health. To ensure the best care possible, please take the time to fill out this form completely. Thank you!

## PATIENT INFORMATION

Name of pet \_\_\_\_\_ ☐ Male ☐ Female ☐ Unknown Spayed/Neutered? ☐ Yes ☐ No

Species \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ Age/Birthday \_\_\_\_\_

Reason for today's visit? ☐ Consultation ☐ Wellness Exam ☐ Illness/Concern Exam ☐ Other \_\_\_\_\_

**Check all that apply (will only be addressed today if you elect to have an exam)**

- |   |   |                                       |   |
|---|---|---------------------------------------|---|
| <input type="checkbox"/> Behavioral problems    | <input type="checkbox"/> Appetite change    | <input type="checkbox"/> Eye concerns | <input type="checkbox"/> Weight loss        |
| <input type="checkbox"/> Breathing problems     | <input type="checkbox"/> Changes in thirst  | <input type="checkbox"/> Ear concerns | <input type="checkbox"/> Rubbing head       |
| <input type="checkbox"/> Sneezing               | <input type="checkbox"/> Constipation       | <input type="checkbox"/> Lethargic    | <input type="checkbox"/> Abnormal discharge |
| <input type="checkbox"/> Coughing               | <input type="checkbox"/> Diarrhea           | <input type="checkbox"/> Pain         | <input type="checkbox"/> Lumps/Bumps        |
| <input type="checkbox"/> Difficulty swallowing  | <input type="checkbox"/> Urination problems | <input type="checkbox"/> Stumbling    | <input type="checkbox"/> Leg issues         |
| <input type="checkbox"/> Vomiting/Regurgitation |   |                                       |   |

☐ Other/Describe \_\_\_\_\_

Please list current medications/supplements \_\_\_\_\_

Please list any major medical history/allergies/reactions \_\_\_\_\_

Have you traveled with your pet, where? \_\_\_\_\_

Has your pet ever lived outside of Spokane, where? \_\_\_\_\_

Previous and current veterinary offices \_\_\_\_\_

May we contact your previous veterinarian for records? [ ] Yes [ ] No

## AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above-described pet. I assume responsibility for all charges incurred in the care of this animal. I acknowledge that the veterinary office will do its best to inform me of all treatment costs whenever possible, but that in an emergency some treatments may be performed without authorization and I will be responsible for any fees incurred. I understand that some treatments will require verbal or written authorization before they will be performed, and I will do my best to be available in a timely manner to authorize or decline treatments. If I can't be reached, I authorize the doctor to institute care to the best of their judgment and I will be responsible for any and all fees incurred. I also understand that payment is due at the time services are provided and that a deposit may be required for surgical, hospitalization or dental treatments.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_