



912 W. Williams St.
Apex, NC 27502
(919) 267-9315

Exotic New Patient Information Sheet

Welcome to our practice! Please provide us with some information about the health history of your pet for our records:

Your Pet's Name _____ Nicknames? _____

Your Pet's Birthdate (if known) _____ Age _____ years/months/weeks/days

Species _____ Breed (if known) _____

Color _____

Gender (please circle) **MALE FEMALE UNKNOWN**
Spayed/Neutered? (please circle) **YES NO UNKNOWN**

Has your pet ever received a vaccine? (please circle) **YES NO UNKNOWN**

If YES, please indicate name of hospital or veterinarian: _____

Has your pet ever had an allergic reaction to a medication or vaccine? (please circle) **YES NO** If YES, please describe: _____

Does your pet have any medical problems or previous surgeries we should know about? (please circle) **YES NO** If YES, please describe: _____

Has your pet ever bitten or otherwise harmed a veterinarian or veterinary assistant? (please circle) **YES NO**

What brand or type of pet food does your pet eat? _____

What does your pet eat other than pet food (treats, table scraps, supplements, etc.)? _____

Where does this pet live? (please circle) **Indoors Only In/Out Outdoors Only**

Please describe your pet's habitat (bedding/substrate, approximate size, location, other animals in habitat, etc.) _____

We will take a photograph of your pet for his/her medical record. Do you authorize us to use this photo (anonymously) for marketing purposes as well? (please circle) **YES NO**

Thank you!