

ANIMAL MEDICAL CENTER OF CUMMING, INC.  
1438 Buford Highway  
Cumming, Georgia 30041  
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**EXOTIC PET HEALTH CHECKLIST**

Pet's Name: \_\_\_\_\_ Species: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ Unknown \_\_\_

How was the pet sexed? Visually \_\_\_ Blood test \_\_\_ Surgically \_\_\_ Probes \_\_\_

Does the pet have any specific identification? (e.g., tattoo, microchip) \_\_\_\_\_

If the pet is a female, has she produced eggs or given birth in the past? If yes, please describe:

\_\_\_\_\_

How was the pet acquired? Pet Store \_\_\_\_\_ Breeder \_\_\_\_\_  
Other: \_\_\_\_\_

Are there any other pets in the house? If so, what kind? \_\_\_\_\_

\_\_\_\_\_

If the pet is a reptile, when did it last shed its skin? \_\_\_\_\_

**HOUSING:**

Where is the pet kept (specify percentage of time in each location)

Indoors \_\_\_\_\_ Outdoors \_\_\_\_\_ Roams free in house \_\_\_\_\_

Describe the pet's enclosure: \_\_\_\_\_

\_\_\_\_\_

Is the pet housed alone? Yes \_\_\_\_\_ No \_\_\_\_\_

What is the heat source? \_\_\_\_\_

List enclosure temperature: High temp (day/night) \_\_\_\_\_

Low temp (day/night) \_\_\_\_\_

Basking site temperature: \_\_\_\_\_ Humidity: \_\_\_\_\_

**How is the heat and humidity measured in the cage?** \_\_\_\_\_

**What are the light sources?** \_\_\_\_\_

**What are the hours of use?** \_\_\_\_\_

**Is there a UV or full-spectrum light source? Please describe, including hours of use**

\_\_\_\_\_

**What substrate and other objects are in the cage (e.g., sand, gravel, newspaper, PVC, wood, etc.)** \_\_\_\_\_

**How often is the cage cleaned?** \_\_\_\_\_

**What products are used to clean it?** \_\_\_\_\_

**Method and frequency of cleaning food/water dishes?** \_\_\_\_\_

**Has the pet's environment changed recently? Yes \_\_\_ No \_\_\_ If so, how??**

\_\_\_\_\_

**If the pet is a reptile, is it ever soaked? \_\_\_\_\_ How often? \_\_\_\_\_  
Where? \_\_\_\_\_**

**DIET:**

**What foods are offered and in what percentages?** \_\_\_\_\_

\_\_\_\_\_

**If live insects are fed, are they offered food before being fed to the pet?** \_\_\_\_\_

**If so, with what product?** \_\_\_\_\_

**Are any vitamin or mineral supplements offered? If so, list brands:**

\_\_\_\_\_

**Are any treats offered? What type? How often?**

\_\_\_\_\_

Have there been any recent diet changes or new foods? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

How is water offered? \_\_\_\_\_

**REASON FOR TODAY'S VISIT:**

What signs have you noticed that prompted today's visit?

\_\_\_\_\_  
\_\_\_\_\_

How long have you noticed the problem?

\_\_\_\_\_

Has the pet been sick previously? \_\_\_\_\_

Other veterinarians who have seen your pet. \_\_\_\_\_

Have any tests been conducted previously on the pet? \_\_\_\_\_

Bloodwork \_\_\_\_\_

Fecal parasite test \_\_\_\_\_

Skin parasite test \_\_\_\_\_

X-rays \_\_\_\_\_

Other: \_\_\_\_\_

Are you aware that reptiles can carry salmonella bacteria? If not, please ask us to explain.

Additional comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_