

ANIMAL MEDICAL CENTER OF CUMMING, INC.
1438 Buford Highway
Cumming, Georgia 30041
770-8856-8555



*Dedicated to
Veterinary
Excellence*

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:

