

Exotic Bird Hospital, Inc.
NEW CLIENT INFORMATION

Please Print

Please fill out completely. It may be necessary at some time to contact you concerning needed treatment or the progress of your pet, and this information can save us valuable time. Some of the information is also necessary in order for us to accept checks for payment. Thank you.

Date: _____ Client ID: _____

Name: _____ Home Phone: _____ Cell Phone: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Email address: _____

Are you employed? Yes _____ No _____

If Yes, where: _____ Phone: _____

Address: _____ How long? _____

City: _____ State: _____ Zip: _____

Is your spouse employed? Yes No

If Yes, where: _____ Phone: _____

Address: _____ How long? _____

City: _____ State: _____ Zip: _____

How did you find out about the Exotic Bird Hospital?

Google

Facebook

Youtube

Other (list below)

PAYMENT FOR SERVICES DUE WHEN RENDERED

Method of payment: Check _____ Cash _____ MC _____ VISA _____ Discover _____

Identification necessary in order to accept checks and credit cards:

Driver's license # _____ State: _____

Nearest relative not living with you:

Name: _____ Phone: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Relationship: _____

PLEASE COMPLETE REVERSE SIDE – PATIENT INFORMATION

REPTILE HISTORY INFORMATION FORM

Date: _____

Owner: _____ Pet's Name: _____

Species: _____ Age: _____ Sex: Male Female Unknown

Origin: Captive Bred Wild Caught

Where did you obtain your reptile?: _____

Do you own other reptiles?: Yes / No if "Yes, what species and do they share the same enclosure?"

Do you use vitamins and/or mineral supplements? If so, what products do you use, how much, and how often:

What is this reptiles usual diet: _____

If insectivorous, what type of insects are you feeding? _____

Do you gut load and with what? _____

How often do you feed? _____

What kind of cage/ enclosure is this reptile kept? _____

Is the climate dry or humid? _____

What substrate is used on the bottom of the cage? _____

What kind of lighting is used (type of bulb): _____

What cycle are the lights on (how many hours are they on-time off/on): _____

When was the bulb last changed? _____

What kind of heat source is used? _____

What is your water source? _____

Has this reptile been seen by a veterinarian before? Yes / No

If so , when and when? _____

May we obtain a copy of the records? Yes / No

Does anyone smoke in the house?: Yes No

Presenting Complaint: _____

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