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: C		Cell Phone:	
Address:			Apt: _	
City:	S	tate:	_ 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:				
City:		State:	Zip:	
How did you find out about the Exot	ic Bird Hospital?			
Google	book Y	outube 🔲	Other (li	ist below)
	PAYMENT FOR SERVI	CES DUE WHEN R	ENDERED	
Method of payment: Check	Cash MC_	VISA	Discover	r
Identification necessary in order to a	ccept checks and cred	dit cards:		
Driver's license #			State:	
Nearest relative not living with you:				
Name:		Phone:		
Address:			Apt:	·
City:	9	itate:	_ Zip:	
Relationship:				

REPTILE HISTORY INFORMATION FORM

Origin: Captive Bred Wild Caught Where did you obtain your reptile?:	te:	Date:
Origin: Captive Bred Wild Caught Where did you obtain your reptile?:	ner: Pet's Name:	Owner: _
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?	ecies: Age: Sex: Male Female Unknown	Species: _
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? So 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?	gin: Captive Bred Wild Caught	Origin:
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May we obtain a copy of the records? Yes / No	y we obtain a copy of the records? Yes / No	May we o
Ooes anyone smoke in the house?: Yes No	es anyone smoke in the house?: Yes No	Does anyo
Presenting Complaint:	esenting Complaint:	Presentin

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