



# EXOTICS HISTORY FORM

Client Name: \_\_\_\_\_ Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Current illnesses: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Diet: \_\_\_\_\_

How much: \_\_\_\_\_ How often: \_\_\_\_\_

Vitamins: \_\_\_\_\_ Treats: \_\_\_\_\_

Water:  bottle  bowl Water changed (*times/day*) \_\_\_\_\_

Housing:  outdoors  indoors (*location inside*) \_\_\_\_\_

Enclosure made of \_\_\_\_\_

Dimensions: \_\_\_\_\_ Bedding Used: \_\_\_\_\_

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

Exercise: \_\_\_\_\_

Lighting: \_\_\_\_\_

Location relative to pet: \_\_\_\_\_

How many hours daily: \_\_\_\_\_ How often bulbs changed: \_\_\_\_\_

Time spent outside: \_\_\_\_\_

Temperature: day \_\_\_\_\_ night \_\_\_\_\_

Basking area? \_\_\_\_\_ Heat source: \_\_\_\_\_

Humidity: \_\_\_\_\_% Mist/soak? \_\_\_\_\_

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