

## Exotic Patient Medical History Sheet

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Your Phone Number: \_\_\_\_\_

### Patient Information

Age: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Past/Present Medical

Issues: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Habitat: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medications/Supplements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Media Release**

Do we have your permission to use your pet's picture on our social media? \_\_\_\_ Yes \_\_\_\_ No