

Fish New Patient History



Specialized Care for Avian & Exotic Pets
10882 Main St. Clarence, NY 14031
(716) 759-0144 fax (716) 759-0146

• This Visit

Date: _____ Reason for visit today? _____

How did you hear about us (phone book, newspaper ad, pet store, etc.)? _____

Have you been referred by another veterinarian? Yes (Name of Vet: _____) No

*** If your veterinarian has specifically referred your fish to us, so that we may maintain good working relationships, we will not be able to provide care for other pets you may own and request that you maintain routine care for this patient with your primary veterinarian.*

• Owner & Pet Identification

Owner's Name(s): _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Address: _____ City, State, Zip: _____

E-mail: _____

Please select address you prefer for health reminders e-mail regular mail text

Emergency Contact: _____ Employer's Name: _____

Pet's Name: _____ Species: _____ Age: _____

Sex: Male Female Unknown

→Has he/she spawned or produced eggs/young? **Y/N**

Color: _____

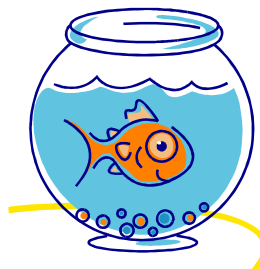
• Source of Animal

Date acquired: _____

Fish obtained from: Pet store Breeder Friend/family member Private Party Show

Fish's origin is: Captive-bred Wild-caught Unknown

Was fish isolated from other fish prior to introduction to current aquarium? **Y/N**



• **Diet**

Prepared foods (include type, brand name and amount fed daily): _____

Live foods (include amount, frequency of feeding): _____

Other foods (include type, amount and frequency of feeding): _____

• **Aquarium/Pond & Environment**

What size is the aquarium/pond? _____
How long has it been set-up/running? _____
Is the tank/pond heated? **Y/N** *If yes, what temperature?* _____
What brand and size/model filter is used? _____
How often is filter media changed? _____
Does tank/pond have supplemental aeration? **Y/N**
What type of lighting and how long is it left on? _____
Do you do water changes? **Y/N** *If yes, how frequently?* _____
Do you add any chemicals (salts, dechlorinators, etc.) to the water? **Y/N** *If yes, describe* _____

Do you have any other fish in the same aquarium/pond as this fish? **Y/N** *If yes, please list species and number of each:* _____
Are any other fish sick or have any died in the last 12 months (including fish in other tanks?) **Y/N**
When was the most recent addition introduced to this aquarium/pond? _____
Did the current problem start before or after this new addition? _____
Do you have any other animals in the tank/pond (crustaceans, amphibians, snails, etc.)? **Y/N** *If yes, describe* _____

Do you have any live plants in the tank? **Y/N** *If yes, describe* _____

• **Previous Medical History**

Has your fish had any previously diagnosed illness? **Y/N** *If yes, what?* _____
Has your fish had any laboratory tests performed? **Y/N** *(Fecal exam, Blood tests, X-rays, Other)*
Are you treating the aquarium/pond with any medications or medicated feed? **Y/N** *If Yes, please list medication, dosage used and frequency of dosing:* _____
Has your fish ever had surgery? **Y/N** *If yes, for what?* _____

Have you noticed any of the following signs?

- Decreased appetite +/- weight loss Change in stools *(Decreased stool output Pale stringy feces)*
- Increase mucus on body Skin wounds Sores, growths or spots on body Change in fins
- Abnormal swimming Sitting on bottom or floating at surface Increased or difficulty breathing
- Swollen/enlarged eyes Bloating/swollen abdomen Flashing/rubbing on tank, items