Maplebrook Pet Care Center

Exotic Check-In

Patient's Name: _____ Date: _____

Who are we contacting today: _____ Phone Number: _____

Please read and sign the authorization on the back of this form.

We have arranged for you to leave your pet here for the Doctor to perform an examination. Please read through the following questions and **answer as thoroughly as possible**.

Do you have Pet Insurance? ☐Yes ☐No

If yes, what company? _____

Reason for visit today:

_____

_____

_____

Is your pet lethargic? ☐Yes ☐No ☐Unknown

Pet's water intake has: ☐decreased ☐increased ☐unchanged ☐unknown

Pet's appetite has: ☐decreased ☐increased ☐unchanged ☐unknown

Is your pet vomiting? ☐Yes ☐No ☐Unknown

If yes, what color? _____ What substance? _____

When did vomiting start? _____ How often? _____

Is your pet having diarrhea? ☐Yes ☐No ☐Unknown

If yes, what color? _____ What substance? _____

When did diarrhea start? _____ How often? _____

What brand and variety of food(s) do you normally feed and how much? When did your pet last eat?

_____

What treats or other products does your pet eat or chew on?

_____

What cage setup do you keep your pet in?

_____

Has your pet had access to foods other than its normal pet food? ☐Yes ☐No ☐Unknown

If yes, please specify: _____

Has your pet had any access to toxins (i.e., gum, grapes), plants, human medication, etc.? ☐Yes ☐No ☐Unknown

If yes, please specify: _____

Is your pet sensitive or allergic to any medications or food? ☐Yes ☐No ☐Unknown

If yes, please specify: _____

What medication(s) and/or supplement(s) has your pet received in the last 24 hours?

Name of Medication:	Amount Given:	What Time:

Is your pet on flea/tick prevention? ☐Yes ☐No

If yes, what brand? _____

What type of at home dental care is your pet currently receiving? _____

Is your pet coughing and/or gagging? ☐Yes ☐No

If yes, is there anything being produced? ☐Yes ☐No

If yes, please describe material: _____

Is your pet sneezing or having eye/nasal discharge? ☐Yes ☐No

If yes, please describe: _____

Is your pet lame, sore, and/or injured: ☐Yes ☐No

If yes, please specific where: _____

If yes, how long have you noticed symptoms: _____

Since symptoms started, they have: ☐worsened ☐remained the same ☐improved

Signature: _____ Date: _____