

Date ___/___/___

YOUR DETAILS

Mr/Mrs/Ms/Dr	Surname _____	First name _____
Address _____		
Postcode _____		
Phone H	_____	
W	_____	
M	_____	
Email _____		

YOUR EXOTIC'S DETAILS

Name _____		
Age _____	Sex M / F	
Breed _____		
Colour _____		
Microchip	Y	N

Desexed	Y	N	N/A	
Vaccinated	Y	N	N/A	Date of last vaccination _____
Have any drugs been used in the past six weeks? If Yes, give details.				

Previous health checks performed? Y N If yes, 6monthly or yearly? (circle one)				
To enable us to contact your previous veterinarian please provide the practice's name:				

Do you have any other exotics, reptiles and/or birds at home?	Y	N
If yes, please give details.		

How did you find out about us? Please tick one or more boxes and give details.

- | | | |
|-----------------|--------------------------|-------|
| Veterinarian | <input type="checkbox"/> | _____ |
| Pet shop | <input type="checkbox"/> | _____ |
| Yellow Pages | <input type="checkbox"/> | _____ |
| Internet | <input type="checkbox"/> | _____ |
| Passing by | <input type="checkbox"/> | _____ |
| Other eg friend | <input type="checkbox"/> | _____ |