



Companion Care Veterinary Hospital

R A N C H O B E R N A R D O

"...when it's not just a pet, but a companion"

EXOTIC

Pet's Name: _____

Owner's Last Name: _____

Species:

- Avian
- Reptile
- Rodent
- Rabbit
- Other: _____

Sex:

- Female
- Spayed female
- Male
- Neutered male
- Unknown

Breed: _____

Color: _____

Birthdate: _____

Previous medical problems: _____

Has your pet seen a veterinarian before? If so who? _____

Previous Clinic _____ Date last examined: _____

Length of ownership: _____ Type of diet: _____ Where acquired: _____

Previous medical problems: _____

Vaccine and Test Information: None

<u>Vaccine</u>	<u>Date Given</u>	<u>Vaccine</u>	<u>Date Given</u>	<u>Ongoing problems</u>
FVRCP	_____	Corona	_____	smelborP laroivaheB ف
Leuk.	_____	Borda.	_____	noisserggA /gnitiB fo yrotsiH ف
F.I.P.	_____	Lymes	_____	orP gnihtaerB فblems
Pacheco	_____	<u>Lab Test</u>		_____rehtO ف
Pox	_____	Fecal	_____	
Rabies	_____	H.W.	_____	
DHPPC	_____	Microchip Number:	_____	

If your pet is currently on medication, please state diagnosis and the name of medication:
