



EXOTIC PATIENT REGISTRATION FORM

(circle answers where appropriate)

Date: _____

AVIAN

Name _____ Species _____ Age _____ Sex, if known _____ Color _____

Wild caught / captive bred? Handraised? Yes / No Only bird / housed with others? Yes / No

Any quarantine period? Yes / No if so, how long? _____ Bought from _____

Owned how long? _____ Kept indoors / outdoors? Yes / No If indoor, which room of house? _____

Approx. cage size? _____ Type of bedding used? _____ Cleaning agents used? _____

Diet: _____

Treats? _____

Any vitamins or minerals added to food or water? Yes / no if so, what? _____

Does the bird get a "bath"? Yes / No if so, _____ times / week Any playtime outside of cage? Yes / No

if so, how often? _____ Is playtime supervised? Yes / No

Ever been seen by vet before? Yes / No if so, where? _____

Ever been ill before? Yes / No if so, for what? _____

Ever been vaccinated? Yes / No if so, with what? _____ Last vaccine date? _____

Any history of feather picking? Yes / No Any abnormal feather growth? Yes / No

Last general molt? _____ Other? _____

SMALL MAMMALS

Name _____ Species _____ Age _____ Sex, if known _____ Color _____

Housed alone or with others? _____ Any exposure to other animals? Yes / No If so, what? _____

Any quarantine period? Yes / No if so, how long? _____ Bought from? _____

Owned how long? _____ Kept indoors / outdoors? Type of cage? _____

Approx. cage size? _____ Type of bedding used? _____ Cleaning agents used? _____

Diet _____

Treats? _____

Any vitamins or minerals added to food or water Yes / no if so, what? _____

Any playtime outside of cage? Yes / no if so, how long per day? _____

Is playtime supervised? Yes / no

Ever been seen by vet before? Yes / no if so, where? _____

Ever been ill before? Yes / no if so, for what? _____

Ever been vaccinated? Yes / no if so, with what? _____ Last vaccine date? _____

Other? _____

PLEASE SEE OTHER SIDE FOR REPTILES

www.GreatFallsAnimalHospital.com

REPTILES

Name _____ Species _____ Age _____ Sex, if known _____
Wild caught / captive bred? Housed alone / or with others? If so, what? _____
Any quarantine period? Yes / no if so, how long? _____ Owned how long? _____
Bought from? _____ Kept indoors / outdoors? Type of cage _____
Approx. size of cage? _____ Type of bedding used? _____
Cleaning agents used? _____ How many hours of light daily? _____
Do you use a full spectrum (UVB) light? Yes / no Last time light was changed? _____
Type of heat source used? _____ Temp on warm side? _____ Temp on cool side? _____
Diet _____
_____ if fed rodents are they live / dead / or stunned?
Fed how often? _____ Any vitamins or minerals added to food? Yes / No if so, what? _____
how often added to food? _____ Water bowl kept in cage? Yes / no if so, how big? _____
Is cage misted? Yes / no if so, how many times per day / week? _____
Ever been seen by vet before? Yes / no if so, for what? _____
Ever been ill before? Yes / no if so, for what? _____
Last shed? _____ was it a complete shed? Yes / no
Other? _____

If animal is hospitalized, do you authorize any necessary treatments without contacting you?

Yes No Please circle one

PAYMENT POLICY FOR SERVICES RENDERED

For your convenience, we accept cash, checks, Visa, Master Card, Discover, American Express and debit cards. We will be happy to discuss any fees with you before your appointment or give you an estimate at any time for services. It is our policy to charge \$25.00 for any returned checks. There will be a finance charge applied to all accounts unpaid after 30 days. Finance charge is computed by a periodic rate of 1.50% per month, which is the annual percentage rate of 18.00%. There is a minimum finance charge of \$9.00 per month.

FINANCIAL RESPONSIBILITY AGREEMENT

I, the undersigned, understand and acknowledge that if an account balance is not paid in a timely fashion, I will be responsible not only for the balance due but any collection and/or reasonable attorney fees that are incurred in the collection process. I understand that Great Falls Veterinary Clinic Inc. reserves the right to add an additional twenty-five to fifty percent fee if my account is sent to outside credit collections and that the Great Falls Veterinary Clinic Inc. will report delinquent accounts to all credit reporting agencies.

I have read the Payment Policy and the Financial Responsibility Agreement and understand its contents.

Printed Name

Signature

Date

