

**ANDOVER ANIMAL HOSPITAL**  
**Exotics: Avian / Reptiles / Pocket Pet**  
**PATIENT/CLIENT INFORMATION**

Thank you for giving us the opportunity to care for you pet. Please help us better meet your needs by taking a few moments to fill out both sides of this information sheet.

Owner's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Circle one  
Mr/Mrs/Ms/Dr

Spouse First Name \_\_\_\_\_ Spouse Last Name \_\_\_\_\_

Street Address #1 \_\_\_\_\_ Street address # 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone(\_\_\_\_) \_\_\_\_\_

Work Phone(\_\_\_\_) \_\_\_\_\_ Cell( \_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Referred By \_\_\_\_\_  
(to receive reminders)

Driver's License # \_\_\_\_\_ Spouse Driver's Lic # \_\_\_\_\_

Social Security # \_\_\_\_\_ Spouse Social Sec # \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Spouse Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

We will gladly prepare a written estimate if you so desire. Please ask the receptionist or doctor. Professional fees are due at time services are rendered.

To help prevent the spread of infectious diseases all hospitalized and boarded animals must be current on all vaccines.

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed on the reverse side. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated.

Note: You must be over the age of 18

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Where was the pet obtained?** \_\_\_\_\_

**When?** \_\_\_\_\_

How old (DOB)? \_\_\_\_\_

Previous healthcare \_\_\_\_\_

Other pets in household \_\_\_\_\_

Cage mate(s) \_\_\_\_\_

### Husbandry

**Housing / cage description** \_\_\_\_\_

Substrate / cage lining \_\_\_\_\_

Cage contents, toys, perches, dishes, etc. \_\_\_\_\_

Heat sources / hrs. per day \_\_\_\_\_

Light sources / hrs. per day \_\_\_\_\_

Humidity \_\_\_\_\_

Location of cage in household \_\_\_\_\_

Cage cleaning protocol \_\_\_\_\_

Hours per day caged \_\_\_\_\_

### **DIET**

**Staple diet (seed, pellet, mixed)** \_\_\_\_\_

Fresh / frozen foods \_\_\_\_\_

Treats / supplements \_\_\_\_\_

Frequency food / water changed \_\_\_\_\_

Eating / drinking \_\_\_\_\_

Passing stools / urine \_\_\_\_\_