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New Exotic Patient Questionnaire

Client’s Name:

Address (include city, state, and zip code):

Contact phone number:

Email address:

Pet’s name:

Age:

Species:

Breed:

Color:

**Reason for visit:**

What does your pet’s environment/habitat consist of? (Bedding, lighting, any temperature control, etc):

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What is your pet’s diet? (Daily diet as well as any treats):

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Are they taking any supplements/vitamins/medications?:

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What are you seeing the doctor for today? If your pet is sick, please give further detail below (when it started, what exactly has been going on, etc) :

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Please, email the completed form to Rollinpaws@outlook.com