

# KANSAS CITY VETERINARY CARE, L.C.

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## Exotic Pets Drop-off Form

To assist the doctor in the assessment of your pet, please take a few moments to complete this form. These are some of the questions that the doctor would ask during an appointment. By answering them now, it will better enable us to proceed to a quick and accurate diagnostic/ treatment plan.

Pet's Name: \_\_\_\_\_ Species: \_\_\_\_\_  
Sex: M / F / Unknown Age: \_\_\_\_\_

What is your pet normally housed in? Be specific: include bedding type, temperature and lighting if applicable.

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What does your pet's diet consist of? Any mineral/vitamin supplementation? Frequency?

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Is your pet housed with any other animals? If so, what types and how many?

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Have there been recent illnesses of other pets?

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What symptoms is your pet exhibiting? When did they first begin? What treatments have been initiated?

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Please list any other information you feel would be helpful for the doctor to know?

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Where was your pet purchased or acquired from?

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Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_