

NEW CLIENT REGISTRATION FORM – AVIAN, REPTILE & SMALL EXOTIC

Thank you for giving Bissonnet-Southampton Veterinary Clinic an opportunity to care for your pet. So that we may become better acquainted, please complete the following:

Primary Owner: _____

Address _____ City _____ Zip Code _____

Preferred Contact # _____ Home Phone # _____

Work# _____ Cell # _____

**Email Address: _____

Employer _____

Preferred Contact Method: Email () Mail () Text () Phone ()

Co-Owner: _____

Work # _____ Cell # _____

**Email address _____

Employer _____

How did you become aware of our clinic? Yellow pages _____ Clinic Sign _____ Internet _____

Other _____ Personal Recommendation (Name & Address) _____

Pet's Name: _____ Type of Bird / Reptile / Exotic _____

Sex (if known): _____ Age or D.O.B. _____ Color _____

Previous Clinic or Doctor & Phone # _____

Please complete additional information on the other side of this form.

** By supplying your e-mail address, you authorize Bissonnet Southampton Veterinary Clinic to use this address to send electronic reminders for your pets, as well as other occasional communications we feel are necessary and important for the health of our patients. Bissonnet Southampton Veterinary Clinic WILL NOT supply your email address or any other contact information to ANY third party company, and WE WILL do everything in our power to keep your information confidential and safe.

MEDICAL AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe, and treat my animals under your care. I assume responsibilities for all charges incurred by the care of my pet, and understand that these charges will be paid in full at the time services are rendered. I also understand a deposit may be required for any surgical treatment.

Owner Signature

Date

ALL FEES ARE DUE UPON RELEASE OF PATIENT

We accept Cash, Personal Check, Visa, Mastercard, Discover, American Express and Care Credit.

1. How long have you owned this pet? _____
2. Where did you obtain it? _____
3. Is it captive bred or wild caught? _____
4. Do you own other pets? _____ If so, what? _____
5. What, how much, and how often do you feed your pet? _____
6. How much does your pet eat from the food that is offered? _____
7. What type of water source does your pet have access to and how often is it changed? _____

8. Do you use vitamin or mineral supplements? _____ If so, what? _____
9. Where in the house is the enclosure located? _____
10. What, in your opinion, is this pet's major problems? _____
11. What do you believe may have caused this condition? _____
12. Has this pet been exposed to other birds/reptiles/exotics recently? _____
13. Is there a history of previous illness or injury? _____
14. Are there any medications being given currently? _____
If so, What? _____
15. How's your pet's appetite? _____
16. Do the stools appear normal? _____
17. Have there been any recent additions to your collection? _____
18. Is this pet normally kept by itself or with other pets? _____
19. Please describe the type of housing / cage that your pet is kept in _____

Reptiles Only:

20. What type of heat source(s) do you use (bulb, under tank, hot rock, etc)? _____
21. What is the temperature in the enclosure? Do you have a temperature range available? _____
22. What type of UVA/UVB lighting do you provide your pet? _____
23. What type of substrate do you have in the enclosure and how often is it changed? _____

24. Please label on the diagram provided the location of the light, heat sources, water bowl and other items in the enclosure.



Exotics Only:

25. What is the average temperature in the enclosure? _____
26. What type of litter box & litter is used? How often is it changed? _____
27. Has your pet received any vaccines in the past? If so, what type & date given: _____
28. Is your pet on flea and/ or heartworm prevention? _____