

Aquatic History Form

Client Name: _____

Pet Name: _____

Phone Number: _____



Conejo Valley Veterinary Hospital

Where animals come first.

GENERAL HISTORY

Patient Name			
Age		<input type="checkbox"/> Approximate	<input type="checkbox"/> Exact
Sex	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unknown	Determined by:	
		<input type="checkbox"/> Visual	<input type="checkbox"/> Endoscopy
		<input type="checkbox"/> Other	
Where was your pet acquired from?	<input type="checkbox"/> Breeder	<input type="checkbox"/> Wild Caught	
	<input type="checkbox"/> Pet Store	<input type="checkbox"/> Other	
How long have you had your pet?			
Do you have other aquatic pets at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	
Does your pet come in contact with these animals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	

DIET

What foods are offered to your pet and how much? Please be as specific as possible.	Pelleted Diet:	Brand:	Amount:
	Vegetables:	<input type="checkbox"/> Frozen/Thawed <input type="checkbox"/> Fresh <input type="checkbox"/> Other Types:	Amount:
	Flowers:	<input type="checkbox"/> Frozen/Thawed <input type="checkbox"/> Fresh <input type="checkbox"/> Other Types:	Amount:
	Fruits:	<input type="checkbox"/> Frozen/Thawed <input type="checkbox"/> Fresh <input type="checkbox"/> Other Types:	Amount:
	Crickets:	Gut Loaded: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:
	Mealworms:	Gut Loaded: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:
	Waxworms:	Gut Loaded: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:
	Roaches:	Gut Loaded: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:
	Other Insects:	Types:	Amount:
	Mice:	<input type="checkbox"/> Frozen/Thawed <input type="checkbox"/> Freshly Killed <input type="checkbox"/> Live Prey Types:	Amount:
	Rats:	<input type="checkbox"/> Frozen/Thawed <input type="checkbox"/> Freshly Killed <input type="checkbox"/> Live Prey Types:	Amount:
	Fish:	<input type="checkbox"/> Frozen/Thawed <input type="checkbox"/> Freshly Killed <input type="checkbox"/> Live Prey Types:	Amount:
	Other:	Types:	Amount:
Are you providing any nutritional supplements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type:	Amount:
How often do you feed your pet?			

Any changes in your pet's appetite?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Describe:
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HOUSING

What are the dimensions/approximate size of your pet's tank?		
What type of aquarium do you use?	<input type="checkbox"/> Cold Freshwater <input type="checkbox"/> Tropical Freshwater <input type="checkbox"/> Cold Marine <input type="checkbox"/> Tropical Marine	
What is the source of the water?	<input type="checkbox"/> Real Salt Water <input type="checkbox"/> Artificial Salt Water <input type="checkbox"/> Tap Water <input type="checkbox"/> Distilled <input type="checkbox"/> Other	
How often do you perform water changes?		
What percentage of water is changed?		What type of filtration is used?
How often is the tank cleaned?		Equipment/Products used to clean?
Do you use...?	<input type="checkbox"/> Ozone <input type="checkbox"/> Protein Skimmers	Do you oxygenate the water? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use water conditioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are plants present?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Types (Artificial, Live):
Where were plants obtained?	<input type="checkbox"/> PetStore <input type="checkbox"/> Nursery <input type="checkbox"/> Wild <input type="checkbox"/> Other _____	
Do you quarantine new plants?	<input type="checkbox"/> Yes <input type="checkbox"/> No	When were new plants last added?
Do you have meters measuring water temperature?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Digital <input type="checkbox"/> Analogue <input type="checkbox"/> Other _____
What is the water temperature?		What type of heating equipment do you use?
Is any additional lighting provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:
How many hours of light are provided each day?		
How often is the tank cleaned?		Products used to clean?

Do you perform water quality tests?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How Often?
What tests are run and what are the results?	<input type="checkbox"/> Phosphate (PO ₄) _____ mg/L	
	<input type="checkbox"/> Calcium (Ca) _____	
	<input type="checkbox"/> Nitrate (NO ₃) _____ mg/L	
	<input type="checkbox"/> Nitrite (NO ₂) _____ mg/L	
	<input type="checkbox"/> Ammonia (NH ₃ /NH ₄) _____ mg/L	
	<input type="checkbox"/> pH (High Range) _____	
	<input type="checkbox"/> pH (Low Range) _____	
	<input type="checkbox"/> Carbonate Hardness (KH) _____ mg/L	
	<input type="checkbox"/> General Hardness (GH) _____ mg/L	
<input type="checkbox"/> Iron (Fe) _____ mg/L		

MEDICAL HISTORY

Has your pet been seen by another Veterinarian?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Location, Date, and Reason:
Any reproductive history?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Describe:
Is your pet on any medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:
When did your pet last shed?		
How often does your pet usually shed?		

REASON FOR TODAY'S VISIT

What is your reason for visit?	<input type="checkbox"/> Wellness / Healthy pet	<input type="checkbox"/> Sickness / Ailment / Injury	<input type="checkbox"/> Other
If your pet is sick, what is the primary complaint today, or what signs have you noticed?			
How long have these problems been present?			
Have there been any changes in your pets environment in the last 3 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	

Off Label Drugs

Common veterinary practice, and the medicine practiced here at Conejo Valley Veterinary Hospital, often involves the use of an approved drug in a manner that is not in accordance with the approved labeling, yet meets the conditions set by the Animal Medicinal Drug Use Clarification Act, as well as regulations set by the U.S. Food and Drug Administration (FDA). Examples of deviations from FDA-approved labeling include use in another species (which is the most common reason for off-label use in zoological companion animal species), use for a different indication, use at a different dose or frequency, and use of the drug via a different route of administration. By signing below, you are confirming that you understand the above description and are allowing the use of off label drugs for your pet if deemed necessary, and within the reasonable judgement of your veterinarian.

Date: _____

Signature: _____

Permission to Use Pictures and Names

I hereby give Conejo Valley Veterinary Hospital the irrevocable rights to use my pet's picture(s) and name, on the website and social media for education, display, public relations, and marketing. I hereby acknowledge receipt of adequate consideration and waive the right to charge for use of the picture(s) and names of my pet. I understand that these images may be modified to be used as design elements.

Date: _____

Signature: _____

Withdrawal Period of Medications For My Animal (Species Specific)

I understand that any medications given to my animal, whether one time administration, short-term, or long-term course, have a minimum period of time before all of the administered drug is eliminated from the body. I am agreeing to not consume the meat or eggs of the animal that has been/is being medicated for the minimum amount of time advised by my veterinarian, which will be dependent on the medication administered or prescribed. I am agreeing that any animal that is prescribed off-label medications will not be used for meat, milk, or egg production purposes. I am agreeing that any meat, dairy, or egg products produced by animals prescribed off-label medications will not be sold to consumers under any circumstances.

Date: _____

Signature: _____