

Fish Husbandry Client Intake Form

Client Name _____ Patient Name _____

Species _____

Age _____

Sex M F EGGS unknown

Where obtained? _____

How long owned? _____

Reason for today's visit _____

HOUSING

Describe patient's primary enclosure/tank _____

Tank dimensions _____ X _____ X _____

Water type _____

Visual Security/hide boxes? Y N Describe _____

Any other special accommodations (branches, foliage, etc.)? _____

How often is the enclosure cleaned? _____

How often is the water changed? _____ How much is changed each time? _____%

Is water quality tested regularly? Y N What parameters are tested? _____

Is the water aged or conditioned prior to use? Y N How? _____

Water temperature? High _____°F Low _____°F

What type of heat source is being used? _____

Light source? _____ Brand of bulb _____ Age of bulb _____

Light Cycle: _____ hrs light _____ hrs dark

Are gloves worn if handling the patient? Y N

Has the patient/colony ever been tested for internal parasites? Y N Clinic/Lab? _____ Results: POS NEG

DIET

Primary foods offered _____

How often is the patient fed? _____

How much food is offered? _____ How much is consumed currently? _____

List any treats or other food items offered. _____

Supplements Y N If yes, please list. _____ Frequency? _____

MEDICAL HISTORY

Has the patient ever had any health problems? Y N If yes, please explain _____

Has the patient ever been seen by another DVM? May we request the records? Y N

Have any other fish become sick or died in the home in the past 6 months? Y N

Are there any other animals in the tank? Y N _____