

Fish Care Questionnaire

Please answer the following questions with as much detail as possible to help your doctor provide the best care for your pet.

Owner's name: _____

Pet's name: _____ Species: _____

Pet's age: _____

Sex: Male____, Female____, Unknown____

How long have you owned your pet? : _____

Housing (Check all that apply):

-Housed indoors ____, Housed outdoors ____

-Approximate tank dimensions: Length _____, width _____ height _____

-What other plants and animals are in the tank? _____

Water:

-What water source do you use (City water, well, distilled water)?

-Do you put any additives in the water? _____

-Please describe the filtration system used in your tank: _____

-Have you ever had any water quality testing done on the water in your tank? _____

-If so, when was the water tested____, where was the test performed _____, using what product? _____

-What were the results_____

-How often do you change the water in your tank?_____

-When was the last time you changed the water?_____

-What percentage of the water do you typically change out?_____

-If salt water, what salinity is the tank maintained at? _____

Lighting

-What kind of light do you use in your tank? Fluorescent tube____, Other_____

-How many hours per day is the light on? _____

Heat:

-What is the temperature in your tank? Day _____, Night _____

What does your pet eat? Please list all food items, including treats: _____

Have any animals or plants recently been added to your tank? : _____

Is your pet on any medications? : _____

Has your pet ever had a major illness? : _____

Reason for today's visit? : _____

Does your pet have any previous medical records at another clinic? : Yes____ No____

-If yes, which clinic_____

-May we contact them for records? : Yes____ No____