

# 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\_\_\_\_