



EXOTIC CLIENT REGISTRATION

CLIENT INFORMATION - General

Owners Name (Last): _____ (First) _____

Street Address: _____

City, State & Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Email is for clinic contact only - We will not sell or share your email address with outside sources.

2nd Contact Name: _____ 2nd Contact Work Phone: _____

2nd Contact Cell Phone #: _____ 2nd Contact E-mail: _____

Who may we thank for referring you? _____

If you were not referred by someone, how did you first choose this boarding facility?

- | | | |
|---|--|--|
| <input type="checkbox"/> AWC Web Site | <input type="checkbox"/> Community Press Papers | <input type="checkbox"/> Humane Society |
| <input type="checkbox"/> Maple Grove Days Parade / Expo | <input type="checkbox"/> Maple Grove Residence Guide | <input type="checkbox"/> Embarq Phone Book |
| <input type="checkbox"/> Sign / Location | <input type="checkbox"/> Internet Search | <input type="checkbox"/> PetCo |
| <input type="checkbox"/> Qwest Phone Book YP / WP | <input type="checkbox"/> Pet Expo | <input type="checkbox"/> Other _____ |

CLIENT INFORMATION - If you will be out of town

While away I can be reached: _____

If I cannot be reached please contact: _____

Additional information I would like to share about my trip _____

Welcome to the Resort and Spa!

My pet will be attending AWC Resort & Spa: From _____ To _____

I will drop off at _____ and pick up at _____

Monday-Sunday: 7:00 am – 6:30 pm (no charge for last day if picked up before 2:00 pm)

Comments _____

Continued on other side



EXOTIC PATIENT INFORMATION

General

Pet's Name: _____ Date of Birth: _____

Animal Species: _____

Color/Markings: _____

Do you wish to receive reminders from our Veterinary Clinic when requirements are coming due? Yes No

Medical

Your Veterinarian: _____ Location: _____

Phone: _____

Please attach a copy of previous vaccination record if applicable for:

Rabies _____

Is your animal currently receiving any medication? If so, what kind? _____

Dosage and Time _____

Last dose was given _____

Does your animal have any drug or food allergies? If so, to what? _____

Has your animal ever had:

- | | | |
|--|---|---|
| <input type="checkbox"/> Fainting spells | <input type="checkbox"/> Hair loss | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Skin problems | <input type="checkbox"/> Diarrhea or vomiting |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Ear infections | <input type="checkbox"/> Runny eyes |
| <input type="checkbox"/> Coughing spells | <input type="checkbox"/> Urinary Problems | <input type="checkbox"/> Other _____ |

Please explain: _____

Current medical conditions: _____

Appetite: Normal Voracious Picky
 Stools: Normal Firm Soft/diarrhea
 Urine: Normal Frequent Infrequent Large Volume

Comments: _____

Habitat Instructions: _____



DO YOU HAVE ANY SPECIFIC REQUESTS OR ADDITIONAL HEALTH INFORMATION? _____

Food Requirements

What type of food does your animal currently receive? _____

Amount: _____ Frequency: _____

* Please have your pet's food separated into individual servings.

My pet was fed last _____

Behavior

What is your pet's favorite: Activity _____ Toy _____

Treat _____ Trick _____

My pet enjoys:

- | | | |
|-------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Brushing | <input type="checkbox"/> Head petting | <input type="checkbox"/> Lounging |
| <input type="checkbox"/> Belly rubs | <input type="checkbox"/> Massages | <input type="checkbox"/> Exuberant play |
| <input type="checkbox"/> People | <input type="checkbox"/> Kisses | <input type="checkbox"/> Gentle play |
| <input type="checkbox"/> Learning | <input type="checkbox"/> Chewing | <input type="checkbox"/> Cuddling |
| <input type="checkbox"/> Ear rubs | | |

Comments _____

My pet is anxious or fearful of:

- | | | |
|------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Strangers | <input type="checkbox"/> Loud noises | <input type="checkbox"/> Thunderstorms |
| <input type="checkbox"/> Water | <input type="checkbox"/> New places | <input type="checkbox"/> Fast movements _____ |

Comments _____

My pet has snapped at a human: Yes No Comments _____

DURING MY PET'S STAY

While staying at the Animal Wellness Center Resort & Spa I would like the following additional services;
 which may include additional charges. Please describe _____

