

YOUR DETAILS

Your Name	Pets Name						Date	
Where did your turtle come from?	<input type="radio"/> Pet Store	<input type="radio"/> Breeder	<input type="radio"/> Rescue Group	<input type="radio"/> Friend or Family	<input type="radio"/> Private Sale	<input type="radio"/> Stray	<input type="radio"/> Other _____	How long have you owned it?

OTHER PETS

Do you have other fish?	<input type="radio"/> No	<input type="radio"/> Yes	If yes, please list the species and numbers	
Any previous problems with other fish in collection?	<input type="radio"/> N/A	<input type="radio"/> No	<input type="radio"/> Yes details: _____	
When was the most recent addition	_____			
Quarantine procedure for newly acquired turtles?	<input type="radio"/> N/A	<input type="radio"/> None	<input type="radio"/> Separate tank	<input type="radio"/> Other _____

ENCLOSURE

How is your fish housed	<input type="radio"/> Indoor tank	<input type="radio"/> Outdoor pond	<input type="radio"/> Other _____	What furniture is in your turtle enclosure (e.g. logs, plants, rocks, plastic furniture)			
What type of substrate is at the bottom of your snake's enclosure	<input type="radio"/> Sand	<input type="radio"/> Pebbles	<input type="radio"/> Stones	<input type="radio"/> None	<input type="radio"/> Other _____	What is the tank/pond size	
Is there a water heater	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown	What is the temperature of the water (if known)	Is a thermometer used to measure enclosure temperatures?	<input type="radio"/> Yes	<input type="radio"/> No
What type of filter do you have?	<input type="radio"/> None	<input type="radio"/> Hang-on side	<input type="radio"/> Cannister	<input type="radio"/> In-water	<input type="radio"/> Sump system	How frequently do you change the tank water?	What percent of water changed each time
How frequently do you perform water quality testing	_____			What additives do you use in the water	_____		

DIET

What do you feed your turtle?	Frequency of feeding	<input type="radio"/> Daily	<input type="radio"/> Three times weekly	<input type="radio"/> Twice weekly	<input type="radio"/> Weekly
Have you noticed any changes in appetite?	_____				

BEHAVIOUR

Have you noticed any changes in swimming ability?

Have you noticed any changes in gill movements?

Has your fish had any previous problems?

Is your fish on any current medications (please provide name and dosage)

Current concerns:

Thank you taking time to complete this form. Please send it to info@sashvets.com before your appointment