

## YOUR DETAILS

Surname					Pets Name			Date	
Where did you obtain your fish?	<input type="checkbox"/> Pet store	<input type="checkbox"/> Breeder	<input type="checkbox"/> Friends or Family	<input type="checkbox"/> Private Sale	How long have you had this fish for?				
Do you have any other fish?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please list species and numbers								
Please describe any previous problems in your other fish									
When was the most recent addition?			Describe your quarantine of new fish						

## HOUSING

How is your fish housed?	<input type="checkbox"/> Indoor tank	<input type="checkbox"/> Outdoor pond	What is the tank/pond size						
Tank furniture (e.g. driftwood, limestone)									
What is the substrate?	<input type="checkbox"/> Sand	<input type="checkbox"/> Pebbles	<input type="checkbox"/> Stones	<input type="checkbox"/> Bioactive soil	<input type="checkbox"/> None	<input type="checkbox"/> Other; details:			
Do you have water heating?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Is a thermometer used to measure water temperature?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	What is the water temperature?	
Is the tank planted?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Type or species of plants						
Type of lighting								Timing of lighting	
If planted, type and frequency of supplements and/or fertiliser									

## WATER QUALITY

What type of filter do you have?	<input type="checkbox"/> None	<input type="checkbox"/> In-water	<input type="checkbox"/> Hang-on side	<input type="checkbox"/> Cannister	<input type="checkbox"/> Sump system				
Brand & size of filter					Rate of water turnover (if known)				
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 fish?

What do you feed your fish?

Daily   
  Twice weekly   
  Three times weekly   
  Weekly

Have you noticed any changes in appetite?

## MEDICATIONS

Is your fish on any current medications (please provide details below)

Name	Dosage	Frequency

## RECENT CHANGES AND CURRENT PROBLEMS

Have you noticed any changes in swimming ability?

Have you noticed any changes in gill movements?

Has your fish had any previous problems?

What are your current concerns?

**Thank you taking time to complete this form, please bring it with you to your appointment.**