



Patient Information

Client ID (for AEVC to fill in): _____

GENERAL

Animal's Name: _____ Animal's Date of Birth: _____
Month / Day / Year

Species: _____ Color: _____

Sex: _____ Altered: Y N Diet: _____

How long has this pet been with you? _____

Previous Illnesses: _____

Previous Veterinarian: _____
Name Clinic

Will you continue to use the services of your previous veterinarian for this animal? Y N

HOUSING

Inside Outside Alone Group housing _____

Enclosure Type: _____

Substrate: _____

BEHAVIOR

Motivated by food Not motivated by food

Favorite Foods: _____

Motivated by toys/games Not motivated by toys/games

Favorite Toys/Games: _____

Response to Handling by Strangers: Loves it! Comfortable Uncomfortable Very Nervous

Actions or Items that trigger discomfort: _____

Unique Behaviors (Likes/Dislikes/Habits/Etc.): _____

ADDITIONAL NOTES?

FOR OFFICE USE ONLY Patient entered in AM Form entered in AM Preferences noted in record Initials _____