

Evergreen Avian & Exotic Animal Hospital

12930 NE 125th Way, Ste B130, Kirkland, WA 98034

Ph: 425-821-6165 • Fax: 425-406-6853

info@evergreenae.com • www.evergreenae.com

Fish Registration

Pet Information

Pet's Name: _____ I.D./Microchip No. _____

Species/Breed/Variety: _____

Circle: *Male / Female** *Neutered / Spayed*

Date of birth or approximate year of birth: _____ Color: _____

Acquired from: _____ Length of time in household: _____

Other pets in household: _____

*Females only: How many clutches? _____ When was last clutch? _____

Housing

Aquarium size: _____ x _____ Gallon size: _____

Pond size: _____ x _____ Gallon size: _____

Type of filter (circle): *under gravel / over tank*; size of filter _____

Water changes: frequency _____ amount changed _____ gal

Number of fish in tank: _____; Types: _____

Number of bottom feeders: _____; Types: _____

Do you have a quarantine tank? *Y/N*; Do you have a hospital tank? *Y/N*

Diet/Feeding

Diet Brand: _____ cup(s); _____ tablespoons; frequency _____

Live foods: _____ pieces; _____ tablespoons; type/frequency _____

Fresh food: _____ cup(s); _____ tablespoons; types/frequency _____

Other foods/supplements: _____ cup(s); _____ tablespoons; types/frequency _____

History

Please list briefly any previous health problems, including when they were noticed and when and how they were resolved:

Adverse reactions to medications/Difficulty medicating?

Previous veterinarian/veterinary clinic: _____

Date of last veterinary visit: _____ Reason for visit: _____

Date of last water quality check: _____ Results: _____