

Fish Husbandry & Medical History Form



Please answer these questions with as much detail as possible. The health of our exotic animals is closely linked with their environmental conditions, and providing accurate information helps your pet's medical team understand more about their condition!

Date completed: _____

1. Pet Ownership & Origin

How long have you owned this pet?: _____

Origin: Captive-bred Wild-caught Unknown

Source: _____

Quarantined at acquisition? No Yes — Duration: _____

2. Tank Details

Other tank inhabitants (include other fish, invertebrates, corals, plants, and number of each):

Any recent additions to the tank?: _____

Live plants in tank? No Yes — Type(s): _____

Tank circulation duration: _____

Tank size (gallons): _____

Lighting type: Natural Incandescent Fluorescent

Lighting hours per day: _____

Aquarium type: Cold Freshwater Tropical Freshwater Cold Marine Tropical Marine

3. Water Parameters & Maintenance

Water additives/dechlorination method: _____

Water quality testing done? No Yes — How often & type of tests performed: _____

Last water quality readings - Date tested: _____

- Salinity: _____ pH: _____ Nitrite: _____

- Nitrate: _____ Ammonia: _____ Oxygen: _____

Water Temperature Gradient (highest and lowest temps): _____

Water Temp Measurement method (e.g. temperature gun, thermometer, heat tape, other): _____

Heat source: _____

Water change frequency: _____ % changed: _____

Filtration: Biological Chemical Ozone Mechanical UV Light

Oxygenation? No Yes — Method: _____

Cleaning frequency: _____

Cleaning agents used: _____

4. Nutrition

Foods fed and frequency: _____

Nutritional supplements: _____

5. Medical Questionnaire

Reason for veterinary visit: _____

Problem duration: _____

Previous health issues? No Yes: _____

Treatments in past 30 days? No Yes: _____

Last vet visit and reason: _____

Behavior changes? No Yes: _____

Activity changes? No Yes: _____

Appetite changes? No Yes: _____

Changes in frequency or consistency of droppings? No Yes: _____

Date of last water change: _____

Recent water parameter changes (salinity, pH, ammonia, nitrate, nitrite): _____

Other observations: _____