Community Critter Care, LLC 3409 Catlett Road, Suite 6 Catlett, Virginia 20119 540-788-6052 (Phone) 276-644-5412 (Fax)

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Responsible pet ownership through reliable veterinary care

Fish Consultation Summary

(The following information must be completed and submitted to Community Critter Care prior to scheduling a phone consultation. The fee for this consultation is \$125.00 chargeable the business day before the consultation.)

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Client Name:		Date:					
Address:							
City:		State:			Zip	o Code:	
Phone #:		Email:					
Patient Name:		Patient Gende	er:	Male		Female	Unknown
Patient Species:		Patient Color:		Not applic	cabl	e (if multiple :	specimens and
				multiple v	arie	ties of fish)	
Origin of Specimen	<u>(s)</u>						

What sort of habitat is this? (circle one in each column)					
Fresh Water	Cold Water (pond) Community Population				
Brackish Water	Cold Water (aquarium)	Single Species Population			
Salt Water	Tropical (aquarium) Solitary Population (Individual)				
Origin of specimen(s)? (circle one)					
Nursery	Mail Order/Online	Family/Friend			
Wild Caught	Breeder	Acquaintance			
Pet Store	Department Store	Other Source			

Habitat Details

Equipment and Facility Details									
Describe habitat dimensions and									
volume of water:									
Equipment (Filter, Heater, UV Light,									
other equipment):									
Maintenance schedule (Water									
changes, filter changes, substrate									
cleaning, etc.)									
Diet/Feeding:	Brand(s):	Tetra	Pond	Wa	rdley		Hikari		Other
	Type(s):	Flake	es es	Floating Sinking (Other			
	Frequency:	Twic	e daily		Thrice	dail	У	Oth	er
	When last fe	d?							
	Miscellaneo	us foo	d items?	Li	ve food		Vegetab	les	Other
Owner's experience with fish	None		Beginner		Int	erm	nediate	E	xpert
husbandry (self-assessment):									

Water Properties

Clarity:	Cloudy/Murky		Clear			
Color:	Clear	Green	Brown	Other (Specify)		
Odor:	None		Strong			
Temp(F):	Not performed		Varies			
Hardness:	Not performed		Varies			

pH:	Not performed	7.0 is ideal
Ammonia:	Not performed	Neg
Nitrite/Nitrate:	Not performed	Neg/Neg

Reason for consultation (concerns)

Please describe in detail your	
concerns with your pond:	

Supporting documents

Please submit any photographs (.jpeg files), videos (not longer than 30 seconds) and any other information you think may be useful during the phone consultation with the veterinary doctor.

Phone Consultation Disclaimer

All information contained in this record of communication between the above individual and Dr. Johnathan Magerkorth is based solely on the information the individual has furnished to the doctor. The information is biased without the benefit of the doctor visually and physically examining the animal(s) in question.