



*Please fill out one form for each tank so that we may provide the best possible care for your fish. Thank you.

Owner Name: _____ Address: _____

Number of fish: _____ Types of fish: _____

Approximate Age: _____ Location of Tank: _____

Other marine life (ie. frogs, snails, live plants): _____

Anything we should know about these fish (diseases, stress, etc.): _____

Name of food: _____ How often: _____

Special Instructions: _____

Name & Number of store where you purchase supplies and/or receive fish care (will contact in case of emergency): _____

Fish Report Card

Tank Testing Date: _____

	Levels	Adjusted Up	Adjusted Down	Comments
PH				
Nitrites				
Nitrates				
Ammonia				

Tank Cleaning Date: _____

Water Siphoned	Decorations Cleaned	Glass Cleaned	Water Neutralized	Lid Cleaned	Filter Changed

Comments

Overall appearance of fish: _____

Overall appearance of tank: _____