



## Aquatic Medicine Health History

Owner: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

(last name, first name, prefix)

Email address: \_\_\_\_\_

### **TANK:**

- 1) Size \_\_\_\_\_ gallons
- 2) How long has it been set up? \_\_\_\_\_
- 3) Does it have a top? \_\_\_\_\_ if yes, what type? \_\_\_\_\_
- 4) Does it have lights? \_\_\_\_\_ of yes, what type? \_\_\_\_\_
- 5) What kind of air pump do you have? \_\_\_\_\_
- 6) Where is the air pump located in the tank? \_\_\_\_\_
- 7) What type of gravel does the tank have? \_\_\_\_\_
- 8) What type of filters does the tank have? \_\_\_\_\_
- 9) What type of heater does the tank have? \_\_\_\_\_
- 10) What temperature do you keep the tank at? \_\_\_\_\_
- 11) Are there any decorations in the tank? \_\_\_\_\_ what are they? \_\_\_\_\_

### **WATER:**

- 1) How often do you change the water? \_\_\_\_\_ When? \_\_\_\_\_
- 2) How much of the water do you change? \_\_\_\_\_
- 3) How do you change the water? \_\_\_\_\_
- 4) What water do you use to make the changes? \_\_\_\_\_
- 5) What type of water pipes do you have in your house? \_\_\_\_\_  
(ex. Copper, Galvanized, Lead)
- 6) What water tests do you do? \_\_\_\_\_
- 7) What are the current values for the tests you run? \_\_\_\_\_

### **FISH:**

- 1) What fish do you have in the tank? \_\_\_\_\_
- 2) Have any fish died recently? \_\_\_\_\_
- 3) Are the fish eating well? \_\_\_\_\_
- 4) What do you feed your fish? \_\_\_\_\_ How often? \_\_\_\_\_
- 5) Why do you feel there is a problem? What are the fish doing to make you think they are sick? \_\_\_\_\_
- 6) Are all the fish affected? \_\_\_\_\_
- 7) Do you see any spots, tufts, etc.? \_\_\_\_\_
- 8) Are their fins ragged? \_\_\_\_\_
- 9) How do they swim? \_\_\_\_\_
- 10) Do they appear depressed? \_\_\_\_\_
- 11) Where do they stay in the tank? \_\_\_\_\_
- 12) Have you added any new fish to the tank recently? \_\_\_\_\_ When? \_\_\_\_\_ Source? \_\_\_\_\_
- 13) How are the new fish? \_\_\_\_\_
- 14) Are there any plants in the tank? \_\_\_\_\_  
Are there any new ones? \_\_\_\_\_ When were they added? \_\_\_\_\_
- 15) Are there snails in the tank? \_\_\_\_\_
- 16) Have there been any other changes in the tank or its surroundings? \_\_\_\_\_