



DFW Aquatic Health Services

History Questionnaire

Name: _____ Phone: _____

Address: _____ Phone: _____

Email: _____

Type of System: POND / AQUARIUM Dimensions: _____

Current Problem:

List Inhabitants (incl inverts & plants)

Filter Type: _____

Food Type & Frequency: _____

Lighting: _____

How often do you do water changes? When was last one?

Last Water Quality Readings: Medications/Additives used in last 30 days:

| | | |
|----------|-------|-------|
| Ammonia: | _____ | _____ |
| Nitrate: | _____ | _____ |
| Nitrite: | _____ | _____ |
| pH: | _____ | _____ |
| Temp: | _____ | _____ |

of fish lost/time frame: _____ When was last new fish introduced? _____

What pond/aquarium store do you use? _____

How did you hear about DFW Aquatic Health Services?

- _____ Internet (which site? _____)
- _____ Friend (whom may we thank? _____)
- _____ Aquarium/Pond Store (which one? _____)
- _____ Aquarium/Pond Society (which one? _____)
- _____ Veterinary Clinic (which one? _____)
- _____ Zoo/Aquarium (which one? _____)