



Exotic Registration

Basic Information

Pet's Name: _____ Species: _____ Color: _____

Weight: _____ Approximate Date of Birth: _____

MALE FEMALE SPAYED NEUTERED If not spayed, approximate heat date: _____

If over 7 years old, does your pet require special handling? _____

Behavioral Information

Does your pet get along well with his/her siblings? _____

Does your pet like to be around people &/or strangers? _____

In regards to people, is your pet better with? MALES FEMALES BOTH

Has your pet ever bitten an animal/human? If yes, please explain: _____

Check all that apply: PLAYFUL NON-ACTIVE SHY AGGRESSIVE/MAY BITE DIGGER DESTRUCTIVE
 CHEWER INGESTS NON FOOD ITEMS NOT POTTY TRAINED PULLS ON LEASH RUNS AWAY

Does your pet experience separation anxiety, fear of thunderstorms, or any other significant fear? If yes, please explain: _____

Pet Care/Feeding Information

What brand of food do you feed your pet? _____

How often do you feed your pet: ONCE/DAY TWICE/DAY FREE FEED (leave out all day as needed)

If you feed once per day, when do you feed: IN THE MORNING IN THE EVENING

Do we need to separate your pets for feeding? YES NO

Medical Information

Has your pet been sick in the past 30 days? If yes, please explain: _____

List any known allergies: _____

Is your pet on any medications? YES NO

Please describe your pet's general health (Include any current OR PAST medical problems): _____