



Exotic Pet Registration

Your Name _____ Pet's Name _____

Type of Animal: Ferret Rabbit Rodent Reptile Amphibian Other _____

Species/Breed _____ Scientific Name _____

Age _____ Sex _____ Color/Identifying Marks _____

Date Acquired _____ From _____

Housing:

Material/Dimensions _____

Substrate/Bedding _____

Heat Source(s) _____

Light Source(s) _____

Diet (Items, Proportions, Frequency, Supplements, Time of Last Feeding) _____

Previous Medical History _____

Current Problem (Describe Clinical Signs Subjectively) _____

Notes: NO VENOMOUS SNAKES OR LIZARDS CAN BE SEEN AT IWVC. WE ARE NOT EQUIPPED TO HANDLE THEM SAFELY!

IF POSSIBLE, HAVE ANIMAL TRANSPORTED IN ITS OWN HOUSE. IF NOT, A SMALLER TRANSPORT CARRIER IS ACCEPTABLE. IN THIS CASE PLEASE BRING SAMPLES OF THE NORMAL BEDDING, COMMERCIAL DIET AND ANY SUPPLEMENTS.

