EXOTIC REGISTRATION

Pet Name:	Species:	Color:
Weight:	Approximate Birthday:	If your pet is elderly does he/she requiring special handling?
Sex:	Circle if applicable: Spayed OR Neutered	If not spayed, what is her approximate heat date (if applicable)?

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

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

* Is your pet better with: MALES FEMALES BOTH

*Has your pet ever bitten or scratched anyone? If YES, please explain:

*Please check those that apply to your pets behavior:

____Playful ____Sedentary/Non-active ____Shy/timid ____Aggressive/May Bite

*Have you placed your pet in a boarding facility before?

*If yes, where? Describe experience:

*If this is a bird, are his/her wings clipped?

*Does your pet prefer to be left alone or enjoy attention (petting, playing, etc.)?

*Do you or have you every had your pet groomed, bathed, or flea dipped?

*Please add any additional behavioral information concerning your pet:

*Please list any allergies:

*What Flea / Tick Prevention do you use, if any?

*List Current Medications (Include name, quantity, frequency and time administered):

*Please describe your pet's general health (Include any current or past medical conditions):

*What brand of food do you feed your pet?

*Do you feed: Once/Day OR Twice/Day OR Leave food out

*If you feed Once/Day, do you feed: In the Morning In the Evening N/A

*Please provide any other special instructions: