



# EXOTIC COMPANION Reptile Registration

Primary Caregiver's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reptile's Name: \_\_\_\_\_

## Pet Details

Species/Breed/Variety: \_\_\_\_\_ I.D. Type: \_\_\_\_\_ I.D. No. \_\_\_\_\_ D.O.B: \_\_\_\_\_

Sex: M \_\_\_ F \_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Length of Time in Household: \_\_\_\_\_

Females Only: How Many Clutches of eggs: \_\_\_\_\_ When was last Clutch? \_\_\_\_\_

Odd Behaviors: \_\_\_\_\_

## Housing

Does the reptile have access to the entire house? \_\_\_\_\_ Yard? \_\_\_\_\_ Fenced Area? \_\_\_\_\_ Pond? \_\_\_\_\_ Tub? \_\_\_\_\_

Type of enclosure? \_\_\_\_\_ Temperature in enclosure: Day? \_\_\_\_\_ Night? \_\_\_\_\_

Light Control Cycle/Timer: Electric \_\_\_\_\_ Manual \_\_\_\_\_ Duration of light: \_\_\_\_\_ hrs Dark: \_\_\_\_\_ hrs

Hours in direct sunlight? \_\_\_\_\_ Lights turned on/off by family? \_\_\_\_\_ Substrate covering cage? \_\_\_\_\_

## Diet/Feeding

Primary Foods: \_\_\_\_\_ How often are they offered? \_\_\_\_\_

How long does it take to eat each portion? \_\_\_\_\_ Other foods offered? \_\_\_\_\_

How often are they offered? \_\_\_\_\_

## History

Please list briefly any previous health problems, including when they were noticed and how they were resolved: \_\_\_\_\_

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Adverse Reaction to Medications? \_\_\_\_\_

Date of last fecal parasite test? \_\_\_\_\_ Results? \_\_\_\_\_

Reason for today's visit? \_\_\_\_\_

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