



EXOTIC COMPANION Turtle/Tortoise Registration

Primary Caregiver's Name: _____ Phone Number: _____

Turtle'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: _____

Float LEVEL in water? _____ Females Only: How Many Clutches of eggs: _____ When was last Clutch? _____

Odd Behaviors: _____

Housing

Does the turtle 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: _____

Adverse Reaction to Medications? _____

Date of last fecal parasite test? _____ Results? _____

Reason for today's visit? _____
