



EXOTIC COMPANION Amphibian Registration

Primary Caregiver's Name: _____ Phone Number: _____

Amphibian'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 Amphibian have access to a pond? _____ Bathtub? _____ Other special quarters? _____

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? _____
