



Pet's Name _____ Avian / Reptile / Pocket Pet
Owner's Name _____
Date of First Visit _____

Your Pet's First Visit

- Where was the pet obtained? When? _____

- How old (DOB)? _____
- Previous healthcare _____

- Other pets in household _____
- Cage mate(s) _____

Husbandry

- Housing / cage description _____
- Substrate / cage lining _____
- Cage contents, toys, perches, dishes, etc. _____
- Heat sources / hrs. per day _____
- Light sources / hrs. per day _____
- Humidity _____
- Location of cage in household _____
- Cage cleaning protocol _____
- Hours per day caged _____

Diet

- Staple diet (seed, pellet, mixed) _____
- Fresh / frozen foods _____
- Treats / supplements _____
- Frequency food / water changed _____
- Eating / drinking _____
- Passing stools / urine _____

Exotics Biography