

# Exotic Pet Registration

Your Name:	Pet's Name:	
Type of Animal: Ferret Rabbit Rodent Reptile Amphibian Bird Other: _____		
Species/Breed:	Scientific Name (if known):	
Age:	Sex:	Color/Identifying Marks:
Date Acquired:	From:	
Housing:		
Material/Dimensions:		
Substrate/Bedding:		
Heat Source(s):		
Light Source(s):		
Diet (Items, Proportions, Frequency, Supplements, Time of Last Feeding):		
Previous Medical History:		
Current Problem (Describe Clinical Signs Subjectively):		

**Note: NO VENOMOUS SNAKES OR LIZARDS CAN BE SEEN AT IWVC. WE ARE NOT EQUIPPED TO HANDLE THEM SAFELY!**

IF POSSIBLE, HAVE ANIMAL TRANSPORTED IN ITS OWN HABITAT. IF NOT, A SMALLER TRANSPORT CARRIER IS ACCEPTABLE. IN THIS CASE PLEASE BRING SAMPLES OF THE NORMAL BEDDING, COMMERCIAL DIET AND ANY SUPPLEMENTS. **REPTILES MUST BE KEPT AT THEIR PREFERRED TEMPERATURE WITH SOME SOURCE OF HEAT SUCH AS A HOT WATER BOTTLE.**

