

EXOTIC HOUSE PET INFORMATION

DATE: _____ **Customer name & ID #:** _____

NAME: _____

AGE: _____

BREED: _____ **COLOR:** _____

WEIGHT: _____ **SEX:** _____

SPAYED OR NEUTERED? _____

DOES THIS PET TAKE ANY DAILY MEDICATIONS? Y/N If yes describe below.

DOES THIS PET HAVE ANY HEALTH PROBLEMS? Y/N If yes describe below.

DOES THIS PET HAVE ID TAGS OR A MICROCHIP IMPLANT? _____

IS THIS PET CURRENT ON IT'S VACCINATIONS? Y/N

DOES THIS PET USUALLY EAT NORMALLY WHEN YOU ARE GONE?

Y/N UNKNOWN

DO YOU HAVE FISH OR PLANTS YOU WOULD LIKE CARED FOR? Y/N

If yes describe below.

(Feeding fish and watering plants is included free of charge)

Describe daily feeding routine below:

Include explanations to above questions and any information you feel is important to your pets care below