

Pet's Name:

Length of ownership:

Pet store/adoption:

Primary Diet:

Additional Nutrition (ie. fresh food, hay, insects, etc.):

Appetite/Activity/Stool Normal:

Other pets in household:

IN/OUT:

Enclosure Type/Size:

Bedding:

Enclosure cleaning protocol/frequency:

Supervised time outside enclosure:

Lighting Schedule, if applicable:

Vaccinated for anything:

Flea/Tick:

Meds Perm:

Meds Occ:

Vitamins/Supplements:

Allergies:

Microchip:

Rodents: substrate/toys for chewing:

Enrichment:

Grooming/Bathing (ie. nails, dust baths, beak/wing trims etc):

Does your pet have Insurance:

Spayed or neutered? Verify:

Tech: