

# Evergreen Avian & Exotic Animal Hospital

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## IGUANA REGISTRATION

**Pet name:** \_\_\_\_\_

Species/Breed/Variety \_\_\_\_\_ I.D. No. \_\_\_\_\_

Sex: M\_\_ F\_\_ Weight: \_\_\_\_\_ Age \_\_\_\_\_ Color \_\_\_\_\_

Length of time in household \_\_\_\_\_

Acquired from: \_\_\_\_\_ Other pets in household: \_\_\_\_\_

Females only: How many clutches of eggs? \_\_\_\_\_ When was last clutch? \_\_\_\_\_

### **Housing**

Does iguana have access to entire house? \_\_\_\_\_ Yard? \_\_\_\_\_ Exercise pen? \_\_\_\_\_

Cage size: \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ Cage substrate used (Carefresh, paper, etc): \_\_\_\_\_

Other features (hiding box, water pool, climbing branches) \_\_\_\_\_

Temperature in enclosure: Day \_\_\_\_\_ Night \_\_\_\_\_ What is the heat source in the cage? \_\_\_\_\_

**\*\*UVB Lighting: Please bring your uvB light and fixture for us to test\*\***

Type of UVA/UVB light used: \_\_\_\_\_ Date last changed: \_\_\_\_\_ Humidity in cage: \_\_\_\_\_ %

Duration of light: \_\_\_\_\_ hrs Dark: \_\_\_\_\_ hrs Hours in direct sunlight? \_\_\_\_\_

Lights turned on/off by family \_\_\_\_\_ Timer used \_\_\_\_\_

### **Diet/Feeding**

Pelleted diet: \_\_\_\_\_ % Brand: \_\_\_\_\_

Fresh produce: \_\_\_\_\_ % Types/frequency: \_\_\_\_\_

Supplements/Treats: \_\_\_\_\_ % Types/frequency: \_\_\_\_\_

### **History**

Please list briefly any previous health problems, including when they were noticed and when and how they were resolved:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Adverse reactions to medications/Difficulty medicating?

\_\_\_\_\_

Previous veterinarian/veterinary clinic: \_\_\_\_\_

Date of last visit: \_\_\_\_\_ Reason for visit: \_\_\_\_\_

Date of last salmonella test \_\_\_\_\_ Results: \_\_\_\_\_

Date of last fecal parasite test \_\_\_\_\_ Results: \_\_\_\_\_