

Evergreen Avian & Exotic Animal Hospital

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MACROPOD REGISTRATION

Pet's Name: _____

Species/Breed/Variety _____ I.D. No. _____

Sex: M__ F__ Neutered or spayed? _____ If yes, when? _____

Weight _____ Date of birth _____ Color _____

Length of time in household _____ Other pets in household: _____

Acquired from _____

Females only: How many joeys? _____ Date out of the pouch: _____

Housing

Access to entire house? _____ Yard? _____ Exercise pen? _____

Cage Size: _____ x _____ x _____ Other special quarters? _____

Cage substrate used (Carefresh, hay, towels, etc) _____

Temperature in enclosure: Day? _____ Night? _____

Leashed trained? _____

Diet/Feeding

Pellets _____ %: Brand: _____

Timothy/grass hay _____ % Brand: _____

Fresh foods _____ %: 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 fecal parasite test _____ Results: _____