

Evergreen Avian & Exotic Animal Hospital

12930 NE 125th Way, Ste B130, Kirkland, WA 98034

Ph: 425-821-6165 • Fax: 425-406-6853

info@evergreenae.com • www.evergreenae.com

Aquatic Turtle Registration

Pet Information

Pet's Name: _____ I.D./Microchip No. _____

Species/Breed/Variety: _____

Circle: *Male / Female** *Neutered / Spayed*

Date of birth or approximate year of birth: _____ Color: _____

Acquired from: _____ Length of time in household: _____

Other pets in household: _____

*Females only: How many clutches? _____ When was last clutch? _____

Housing

Does reptile have access to (circle): *entire house / yard / exercise pen / other:* _____

Other special quarters (pond, bathtub)? _____

Temperature in enclosure: Day? _____ Night? _____

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

Light cycle: Type of UVA/UVB light used _____ Date last changed: _____

Duration of light: _____ hours; dark _____ hours; direct sunlight _____ hours/frequency _____

Lights turned on/off by family? *Y/N* Timer used? *Y/N*

Types of Lights Used: _____ Brand Names (Lights): _____

Diet/Feeding

Pelleted Diet Brand: _____ cup(s); _____ tablespoons; frequency _____

Live foods: _____ pieces; _____ tablespoons; type/frequency _____

Fresh food: _____ cup(s); _____ tablespoons; types/frequency _____

Hay: _____ handfuls; types/frequency _____

Other foods/supplements: _____ cup(s); _____ tablespoons; 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 veterinary visit: _____ Reason for visit: _____

Date of last fecal exam: _____ Results: _____

Date of last culture test: _____ Results: _____