

# Evergreen Avian & Exotic Animal Hospital

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## General Registration

### **Pet Information**

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Pet's Name: \_\_\_\_\_ I.D./Microchip No. \_\_\_\_\_

Species/Breed/Variety: \_\_\_\_\_

Circle: *Male / Female\** *Neutered / Spayed* *Descended (if applicable)? Y / N or N/A*

Date of birth or approximate year of birth: \_\_\_\_\_ Color: \_\_\_\_\_

Acquired from: \_\_\_\_\_ Length of time in household: \_\_\_\_\_

Other pets in household: \_\_\_\_\_

\*Females only: How many litters? \_\_\_\_\_ When was last litter? \_\_\_\_\_

### **Housing**

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Does pet have access to (circle): *entire house / yard / exercise pen / other*: \_\_\_\_\_

Time spent in cage \_\_\_\_\_ hours; Time spent out of cage \_\_\_\_\_ hours; Time unsupervised \_\_\_\_\_ hours

Temperature in enclosure: Day? \_\_\_\_\_ Night? \_\_\_\_\_

Duration of light: \_\_\_\_\_ hours; dark \_\_\_\_\_ hours; Lights turned on/off by family? Y / N

Is pet litter box trained (circle)? Y / N, *type of litter used if yes* \_\_\_\_\_; *Leashed trained? Y / N*

### **Diet/Feeding**

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Diet Brand: \_\_\_\_\_ cup(s); \_\_\_\_\_ tablespoons; frequency \_\_\_\_\_

Other Foods: \_\_\_\_\_

Treats/Supplements: \_\_\_\_\_ cup(s); \_\_\_\_\_ tablespoons; frequency \_\_\_\_\_

### **History**

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

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Adverse reactions to medications/difficulty medicating? \_\_\_\_\_

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

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

Date of last (if applicable): distemper vaccine \_\_\_\_\_ rabies vaccine \_\_\_\_\_ fecal check \_\_\_\_\_