

Evergreen Avian & Exotic Animal Hospital

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Snake 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? _____

Shedding frequency _____; difficulties? *Y/N, if so explain* _____ Last shed date: _____

Housing

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

Other special quarters (pond, bathtub)? _____

Temperature in enclosure: Day? _____ Night? _____

Cage substrate (circle): *paper / Carefresh / carpet / sand / other:* _____

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

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: _____ Last Changed: _____

Brand Names (Lights): _____

Diet/Feeding

Type of food offered: _____ Frequency? _____

Live? *Y/N* Killed? *Y/N* Frozen, thawed? *Y/N* Do you watch until all food is consumed? *Y/N*

Fed in separate enclosure? *Y/N*

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: _____