  

 Information Sheet



Contact Info

 1st Contact Name:

 Cell Phone:

 2nd Contact Name:

 Cell Phone:

 Home Address:



Pet Info

 Name:

 Type of Animal:

 Breed (if applicable):

 Age:

 Sex: Intact Male[ ]  Neutered Male[ ]  Intact Female[ ]  Spayed Female[ ]

 Likes:

 Dislikes:

 Quirks:

 Typical daily activities:

 Number in colony/group (if applicable):

 \*If there are multiple pets in your household, please fill out a separate form for each individual unless part of a colony or group.



Husbandry Info

 Food (brand/type):

 Frequency and amount of food:

 Type of enclosure:

 Bedding:

 Heating/Cooling method:

 Types of enrichment (general):

 Treats (brand/type):

 



Medical Info

 Veterinarian Name:

 Hospital:

 Phone:

 Preferred 24/7 Emergency Clinic Name:

 Phone:

 Currently undergoing medical treatments? Yes[ ]  No[ ]

 If yes, please explain:

 Currently on any medications? Yes[ ]  No[ ]

 If yes, please list types:



Other Info

 Anything else you want us to know?

 Feel free to add it here!

 [www.AvianandExoticHomeCare.com](http://www.AvianandExoticHomeCare.com) avianandexotic@gmail.com (561) 247-5143