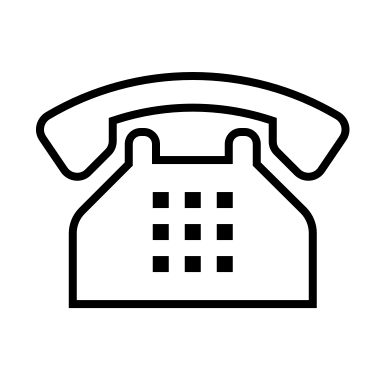
Logo, company name

Description automatically generated A picture containing text

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Information Sheet



Contact Info

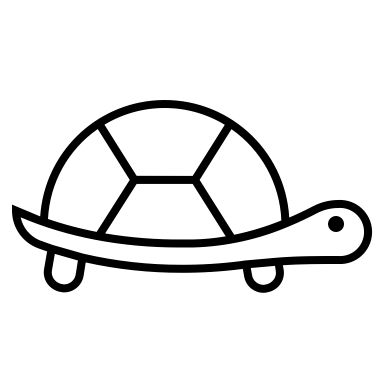
1st Contact Name:

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:

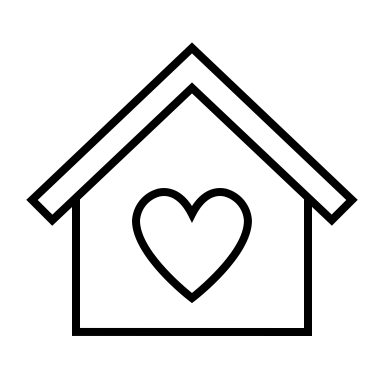
Dislikes:

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):

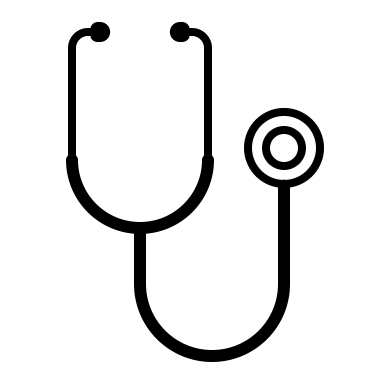
Treats (brand/type):

Logo, company name

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Description automatically generated



Medical Info

Veterinarian Name:

Hospital:

Phone:

Preferred 24/7 Emergency Clinic Name:

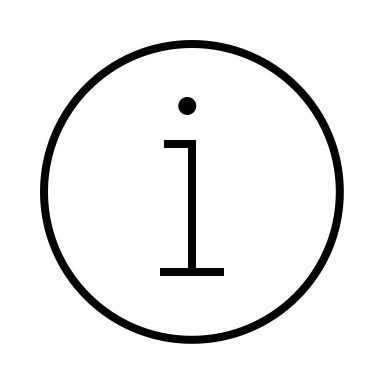
Phone:

Currently undergoing medical treatments? Yes No

If yes, please explain:

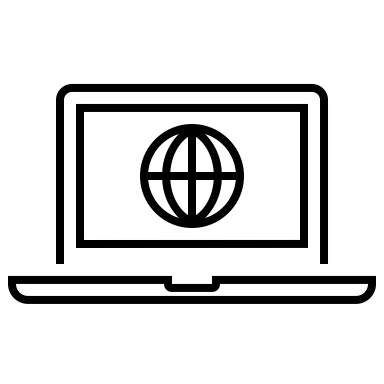
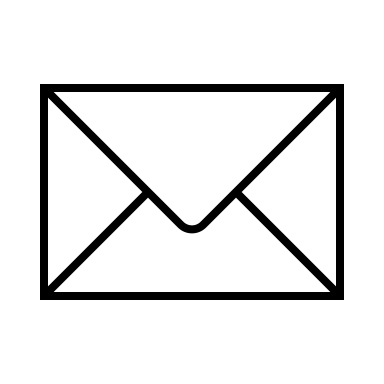
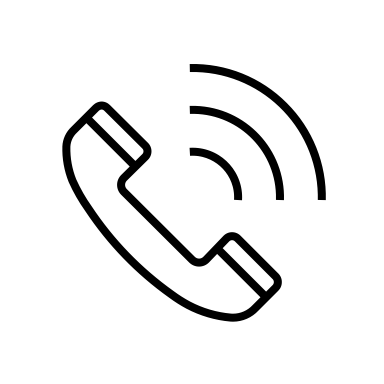
Currently on any medications? Yes No

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](mailto:avianandexotic@gmail.com) (561) 247-5143