



www.sacpets.com

Shawnee Animal Clinic Exotic Animal Information Form

Date: _____

Patient Name: _____

Please fill this form out as completely as possible. This will be very helpful for the diagnosis and treatment of your pet.

Diet:

Cage Temperature- Day Basking Area: _____ Cool Area: _____ Night: _____

Cage Setup: Please include cage type and size, what is in the cage (live plants or artificial) and type of substrate (what is in the bottom of the cage). Please be as descriptive as possible.

Lighting Type: _____

Length of time lights on: _____

Any other heat sources: _____

Toys: _____

How often bathed or soaked: _____

Last shed or molt: _____