



Iguana Assistance Request

Please complete the form below and submit via email by clicking on the "Email Button" in the upper right hand corner.

Request date: _____ Pet name (if any): _____

Species: (X) Green Iguana

Sex: () Male () Female () Unknown Age: _____ Color: _____

Veterinarian: _____

Date of last visit: _____ Outcome: _____

Date of last feeding: _____ Date of last shed: _____

Known past or present illnesses or behavior problems:

Diet – Please describe in detail the daily diet of the iguana:

Cage/Housing – Please provide the information below:

Cage Size: _____ Height x _____ Length x _____ Width

UVB Lighting: Fluorescent _____ 2.0 _____ 5.0 _____ 10.0
_____ Mercury Vapor _____ None

Heat Source – Please provide heat source type and wattage: _____

Personality: _____ Aggressive _____ Tolerates Handling _____ Enjoys Handling

Other personality notes:

Please provide a brief paragraph describing your iguana and why you must find a placement for the animal. This description will accompany the animal's picture on our website and on other adoption resource materials.

Owner agrees to notify SDHS within 24 hours of the placement or change in condition of the iguana _____ (Initial)

Name of owner: _____

Complete Address of owner: _____

Phone number: (_____) _____ -- _____

E-mail address: _____

Signature of owner or representative: _____

Preferred Method of contact: () Phone () Email (Information will be posted with website description.)