

REPTILE INFORMATION

YOUR NAME: \_\_\_\_\_ PET'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

BREED: \_\_\_\_\_

AGE: if known \_\_\_\_\_ SEX: if known \_\_\_\_\_

OWNED HOW LONG?: \_\_\_\_\_ PURCHASED WHERE?: \_\_\_\_\_

LAST VETERINARY VISIT: \_\_\_\_\_

USUAL DIET INCLUDES (please be specific): \_\_\_\_\_

\_\_\_\_\_

VITAMINS OR SUPPLEMENTS: \_\_\_\_\_

ON ANY MEDICATIONS (within last month)? \_\_\_\_\_

IF SO, WHAT? \_\_\_\_\_ LAST DOSE GIVEN WHEN? \_\_\_\_\_

LIST OTHER REPTILES IN HOUSEHOLD: \_\_\_\_\_ SAME CAGE? \_\_\_\_\_

TYPE OF HEAT SOURCE: \_\_\_\_\_ FROM (select one): ABOVE BELOW

TEMPERATURE RANGE: COOL END: \_\_\_\_\_ HOT END: \_\_\_\_\_ BASKING SPOT: \_\_\_\_\_

HUMIDITY? \_\_\_\_\_ ACCESS TO DIRECT SUNLIGHT? \_\_\_\_\_

SOAKING/BATHING YES NO HOW OFTEN? \_\_\_\_\_ HOW LONG? \_\_\_\_\_

BROAD SPECTRUM (UV) LIGHT? YES NO HOW OFTEN BULB CHANGED? \_\_\_\_\_

CAGE SIZE: \_\_\_\_\_ OBJECTS IN CAGE: \_\_\_\_\_

TYPE OF SUBSTRATE OR BEDDING: \_\_\_\_\_

HOW OFTEN DO YOU CHANGE THE BEDDING MATERIAL? \_\_\_\_\_

HOW OFTEN DO YOU COMPLETELY CLEAN THE CAGE? \_\_\_\_\_

SPENDS TIME OUTSIDE OF CAGE? YES NO IF SO, DIRECTLY SUPERVISED? YES NO

PLEASE DESCRIBE ANY PREVIOUS SIGNIFICANT MEDICAL HISTORY: \_\_\_\_\_

\_\_\_\_\_