

Reptile History



Pet Name: _____ Owner's Name: _____

Species: _____ Phone: (____) _____

Sex: Female Male

Age: _____ Color: _____

Background Information

Length of time owned _____

Where acquired? Breeder Pet Store Other Wild-caught Captive Bred

How often is your pet handled? Daily Occasionally Never

Date of last shed? _____ Any trouble shedding Yes No

if yes specify _____

Stool consistency? _____

Husbandry:

Where is enclosure located? _____

Type of enclosure? _____ Size of enclosure? _____

How often is enclosure cleaned? _____

What type of disinfectant is used when cleaning enclosure? _____

Type of enclosure furniture? _____

Enclosure Environment:

Light cycle: _____ Type of lighting: _____

Heat Source: _____ Humidity level: _____

Temperature within enclosure: Min _____ Max _____ Basking area _____

Nutrition:

Type of food offered _____ Amount fed/frequency _____

When fed Last _____

Water source? _____ How often is water changed? _____

Any other pets? Yes No If Yes, specify _____

Do other pets interact with reptiles? Yes No

Any other reptiles? Yes No If yes, specify _____

Are reptiles housed together? Singly?

If not housed together, where are others located? _____

Any new additions to the reptile population? Yes No If yes, specify _____