

Reptile History
General Information

Pet Name: _____ Species: _____

Age: _____ Sex: _____

Does your pet have any health problems? _____

Have you noticed any changes in feces or appetite? YES NO

If yes, please explain: _____

How long have you owned your reptile? _____

From what source did you obtain your reptile? _____

Please describe your pet's diet:

- What type of feed? _____

- What type of treats? _____

- How often is the pet fed? _____

- Are any vitamin/mineral supplements given? _____

What type of cage is your pet in (Dimensions, material, etc.)? _____

What type of lighting is offered to your pet (UV, UVB, natural)? _____

What type of heat source is offered to your pet (heat rock, heat bulb, under-tank heater)? _____

What temperature do you keep the pet's enclosure? _____

Does your pet feel warm to the touch when taken out of his/her enclosure?

YES NO

What type of substrate is your reptile on (bark, aspen bedding, newspaper, none, etc)? _____

Where is the cage located in the home? _____

- Where within the room (near a window, air vent, etc.)? _____

If your pet is aquatic, how often is your pet's water changed? _____

Does your aquatic housing have filtration? YES NO

- If yes, what type of filtration system? _____

Is your pet usually caged or out of its cage? _____

Do you own any other reptiles? YES NO

- If yes, what species and how many? _____

Do you own any other pets? YES NO

- If yes, what species and how many? _____

Have any behavioral problems been noted? YES NO