

Reptile & Amphibian History Form

ID Label Here

Name: _____

Species: _____

Client: _____

Date:

Animal Information:

Time Owned:

Primary Care Giver:

Source: Captive Bred Wild Caught Unknown

Other Pets; Note most recent addition:

Owner or pets in contact with other Reptiles?

Quarantine procedure?:

Housing:

Cage Dimensions: _____ x _____ x _____ Made of: _____ Arboreal Terrestrial Aquatic

Heat Sources: Thermostat Control

Thermometer Y/N Digital Sticker Plastic Dial Temp Gun

Day Temp (Range): Night Temp (Range):

Hygrometer: Y/N % Humidity:

Spray Mist Dripper Bathe Frequency: _____

UV light source: Y/N Brand/Strength:

Age of Bulb: Distance of bulb from animal:

Photoperiod:

Cage top: Secured?: Additional Ventilation:

Shared Enclosure: Y/N Substrate: Sub. Depth:

Haul Out: Y/N Filters (Type, Size): Depth of Water:

Water change: Partial: Full: Water Testing?:

Live Plant/Types:

Cleaning Regime: Spot Clean: Full Clean: Disinfectant Used:

Cage furniture:

Cage location: On or near speakers or windows?:

Location of other reptile(s):

Frequency Handling/Time out of Enclosure: Ever Outside: Y/N

Diet:

Prey Type: Dead Live Frozen

Color of last meal(rodents)? Is this the usual color?:

If Live, How long left in enclosure?:

Frequency of Feeding: Prey: Salad:

Supplement Type/Brand/Freq: Gut loading? How?:

Veggies/Type:

Fruit/Type:

Commercial Food Used: Y/N Brand: %Fed: Ever feed Wild-caught food? Y/N

Water Source: Freq. of cleaning?: Large enough for soaking: Y/N

General:

Reproductive Status: Last Clutch Laid: How Many?:

Last Shed: Complete: Y/N

Last Defecation: Normal?: Y/N

Last Fed:

Previous Health Problems? On-going meds: