

## Reptile and Amphibian Husbandry Form



Date: \_\_\_\_\_ Appt. Time: \_\_\_\_\_

Client Name: \_\_\_\_\_

Pet name: \_\_\_\_\_ Species/Breed: \_\_\_\_\_

Sex (circle): *Male Female Unknown*

DOB or Age (*rough estimate if exact unknown*): \_\_\_\_\_

### Background Information:

Length of time owned: \_\_\_\_\_ Where acquired (circle): *Breeder Pet store Other*

Previous treatments: \_\_\_\_\_

How often is pet handled: (circle): *Daily Occasionally Never*

When did the pet last shed: \_\_\_\_\_ Any trouble shedding: (circle one): *Yes No*

Fecal output (circle): *Normal Diarrhea None* Urates output (circle): *Normal Abnormal*

Any other pets (circle): *Yes No* If yes, specify: \_\_\_\_\_

Any other reptiles (circle): *Yes No* If yes, specify: \_\_\_\_\_

Housed with other animals? (circle): *Yes No* If yes, specify: \_\_\_\_\_

Any recent additions of reptiles to the household: \_\_\_\_\_

### Husbandry:

Type of Enclosure: \_\_\_\_\_ Size of enclosure: \_\_\_\_\_

Where is the cage located: \_\_\_\_\_ Type of cage furniture: \_\_\_\_\_

Cage substrate: \_\_\_\_\_ How often is the cage / substrate cleaned: \_\_\_\_\_

Type of disinfection used to clean the cage: \_\_\_\_\_

UVB bulb (Circle): *Yes No Unknown* When was bulb last changed: \_\_\_\_\_

Heat source: \_\_\_\_\_ Humidity level (%): \_\_\_\_\_

Temperature in cage: Maximum: \_\_\_\_\_ °F Minimum: \_\_\_\_\_ °F Basking spot: \_\_\_\_\_ °F

### Nutrition:

Type of food offered: \_\_\_\_\_ Amount fed/ frequency: \_\_\_\_\_

Last feeding: \_\_\_\_\_ Appetite: \_\_\_\_\_

Water source: \_\_\_\_\_ Frequency changed: \_\_\_\_\_

Calcium Supplement (circle): *Yes No* Type: \_\_\_\_\_ Frequency: \_\_\_\_\_

Other vitamins/supplements given: \_\_\_\_\_