

## Reptile History Form

Please take the time to fill out this information to help us provide the best care possible for your animal.

Name of Responsible Caretaker\_\_\_\_\_

Name of Pet\_\_\_\_\_ Species/Type\_\_\_\_\_ Sex (if known)/How Determined\_\_\_\_\_

Date of Birth\_\_\_\_\_ Date Acquired\_\_\_\_\_ Source\_\_\_\_\_

Reason Acquired (Pet/Breeder/Other)\_\_\_\_\_

Do you have other reptiles in your home? (Y/N) If yes, date and type of last addition\_\_\_\_\_

How is this animal housed? Type of enclosure\_\_\_\_\_ Substrate\_\_\_\_\_

Heat Source\_\_\_\_\_ Enclosure temperature\_\_\_\_\_ Humidity\_\_\_\_\_

Is full spectrum light provided? (Y/N) Describe including bulb brand\_\_\_\_\_

Describe Method and Frequency of Cage Cleaning\_\_\_\_\_

How is water provided? (Dish/size, Misting, other) Describe\_\_\_\_\_

Type of Diet: ☐ Insects/Worms (Type/Amount/Frequency)\_\_\_\_\_

☐ Prey (Type/Live or Killed/Frequency)\_\_\_\_\_

☐ Vegetables (Type/Amount)\_\_\_\_\_

☐ Fruit (Type/Amount)\_\_\_\_\_

☐ Formulated Diet (Food sticks/Pellets-Type/Amount)\_\_\_\_\_

☐ Supplements or Vitamins (Type/Amount/How Given)\_\_\_\_\_

☐ Other (Describe)\_\_\_\_\_

Any recent changes to diet or environment (Y/N) Describe\_\_\_\_\_

If Applicable:

Frequency of soaking/bathing\_\_\_\_\_ Date of last shed\_\_\_\_\_

For certain turtles, has this animal ever hibernated? (Y/N) If yes please give dates \_\_\_\_\_

Has this animal previously been seen by a Veterinarian (Y/N) Describe pertinent medical history\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If your animal is ill, please describe symptoms and when first noticed (lethargy/change in appetite/skin problem/injury/etc.)\_\_\_\_\_

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