

Reptile Husbandry Form

Client Name _____ Patient Name _____ Species _____

How long have you owned your reptile? _____

Where was your reptile acquired? _____

Approximate age of your reptile? _____

What type of cage is your reptile housed in? _____ Dimensions? _____

What type of substrate is on the bottom of the cage? _____

How often is substrate changed/cleaned? **Daily** _____ **Weekly** _____ **Monthly** _____

What type of cleaning chemical is used? _____

What type of cage accessories are in the cage? _____

What temperature is the inside of the cage kept? _____

What humidity level is the inside of the cage? _____

What is the heat source? _____

Is there a UVA/UVB light present? _____ Date of purchase? _____

What do you feed your reptile? _____

How much do you feed? _____ How often do you feed? _____

Of the food you offer, what does your reptile consume? _____

Do you supplement calcium? Yes _____ No _____

If yes, What type of calcium product do you use? _____

What type of water source is used? _____

How often is water changed? _____

Have any reptiles in the house been sick or expire in the last year? Yes _____ No _____

If Yes, how many have died? _____ What types? _____

If known, from what diseases? _____

List Other Avian or Exotic Pets

Pet's Name: _____ Pet's Name: _____

Breed _____ Breed: _____

Age: _____ Sex: _____ Age: _____ Sex: _____