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| Client Name: | | Pet's Name: | |
| Species: | | Sex: | Age: |
| Phone: | Email: | | Date: |

Background:

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| Where acquired: | When acquired: | Wild caught/captive bred: |
| Deparasitized (y/n, product): | | Fecal appearance/consistency: |
| Last shed: | Any trouble shedding: | |
| How often handled: | Ever taken outside: | |
| Have you had reptiles in the past: | | |

Husbandry:

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| Housed indoors/outdoors: | Allowed to roam free in the house: |
| Where is enclosure/cage located: | Size of enclosure/cage: |
| Type of enclosure/cage: | Cage substrate (bedding): |
| Coated metal/galvanized metal present: | Light source (brand, bulb change frequency): |
| Humidity level: | Temperature (and gradient): |
| How often is enclosure/cage cleaned: | Cleaner/disinfectant used when cleaning: |
| Types of furniture, enrichment, or accessories offered: | |

Nutrition:

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|-----------------------------|-----------------------------|
| Type of food(s) offered: | |
| Amount fed/frequency: | |
| Supplements/treats offered: | |
| Water source: | How often is water changed: |

Housemates:

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|--|--|
| Any other reptiles (y/n, specify): | Are animals housed together (specify): |
| Any new/recent additions to reptile population (y/n, specify): | |
| Any other pets (y/n, specify): | |

Medical Issues:

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| Past medical history/problems: |
| Current presenting problem/duration: |

Office use only

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