

Summertree Animal and Bird Clinic

Pet Name: _____

REPTILE / AMPHIBIAN / FISH/ SMALL MAMMALS

Care & Husbandry History Sheet

Species _____ Color _____

❖ **GENERAL QUESTIONS:**

Where did you purchase/adopt your pet? _____

How long how have you owned your pet? _____

What other pets do you have? _____

If female, has she laid eggs? **YES NO** Last egg was laid when? DATE: _____

Reptiles---when was our last shed? _____

Describe the shed: _____

Reptiles---does your pet hibernate or brumate? If so, where and for what time period?

How often does your pet receive a physical exam from a veterinarian?

Has your pet ever received any diagnostics such as blood work, intestinal parasite examination, or radiographs? _____

❖ **FEEDING:**

What is your pet's primary diet? _____

Any additional treats? _____

How often is your pet fed? _____

Do you add vitamin and/or calcium supplements to the food/water? **YES NO** If so, how often?

_____ Any particular brand? _____ Any other supplements? _____

What type of water source is in the enclosure? _____

How often is the source cleaned and changed? _____

What do you use to clean the water source? _____

Do you use tap or bottled water? _____ Do you add anything to the water? **YES NO**

REPTILES: Do you feed frozen or live food? _____

REPTILES: Do you "gut load" live insects before feeding? **YES NO** How often? _____

❖ **BATHING/SOAKING:**

If applicable, how often do you soak or bath your pet? _____

Where (cage, shower, misting bottle, etc)? _____

What do you bathe your pet with? (water, diluted aloe vera juice, AviX Rain, etc...)

❖ **LIVING ENCLOSURE:**

Where is your pet primarily housed? Indoors Outdoors Free Roam in house

Is your pet housed with any other pets? _____

Please describe your pet's enclosure (Type <glass aquarium, wood frame w/screen, etc> and dimensions):

Decorations:

Substrate: _____ How often changed? _____

Are there any heating elements on the cage? **YES NO** How many? _____

If yes, what type and location? _____

Basking area temperature day_____ night_____ Is pet able to bask close to heat elements? **YES NO**

Temperature range in remaining enclosure: _____

Does your pet require humidity in enclosure? **YES NO** Humidity % _____

What do you use as your humidity source and how often? _____

Is there a UVA/UVB light source? **YES NO** How often is the bulb replaced? _____

How many hours is the UVA/UVB on? _____

How often is your pet allowed to bask outdoors in the sun? _____

How often is the entire enclosure emptied and cleaned? _____

Do you use any cleaning products? **YES NO**

If yes, what cleaning products do you use? _____

Is enclosure allowed to dry completely? **YES NO**

Are there any rusted or broken areas? **YES NO** Does your pet have access to them? **YES NO**

Do you use any candles, other cleaning products, or aerosols around your pet? If yes please list:

Do you ever allow your pet to roam around in the house? **YES NO**

Does your pet chew on any wires, furniture, clothes while wandering? **YES NO**

If yes, please list: _____

Do you have any specific questions or concerns you would like for us to address? **YES NO**

If so, please describe:
