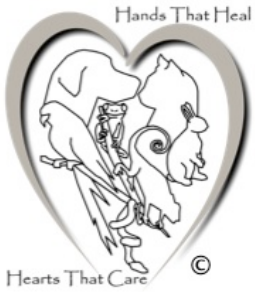

SMALL ANIMAL MEDICINE & SURGERY

3200 Sherrills Ford Road
Salisbury, NC 28147
704-636-6613

NEW PATIENT INFORMATION
Reptile Husbandry & History

Today's Date _____

	You	Spouse or 2nd Contact
Name		
P.O. Box		
Street Address		
City, State, Zip		
Home Phones		
Cell Phones		
Work Phones		
E-Mail		
Employer		
Employer Address		
City, State, Zip		

General:

Pet's name:_____ Age:_____ Sex: M_____ F_____ Unknown_____
If female, has she laid eggs or produced offspring?_____
Any reproductive problems in the past?_____
How long have you had this pet? _____
Was this animal purchased from a store? _____ Individual? _____ Found? _____
When did it last shed? _____ Was the shed normal? _____
Does this pet hibernate/brumate? _____ Do you soak this pet/how often? _____
List other pets in the household: _____

Housing:

Describe the pet's enclosure (aquarium, wire cage, etc.): _____
Size of enclosure: _____
Is it allowed to roam free in the house at any time? _____
Does it have a cagemate? _____ List species & number in same cage: _____
What material is used on the cage floor (sand, wood chips, etc.): _____
How often is the cage cleaned? _____ Cleaners used? _____
How is water provided? (bowl, mister, sipper, etc.) _____

Heating / Lighting:

List sources of heat: _____
List types of lights (bulb, fluorescent tube, UV): _____
How many hours per day are the lights kept on? _____
Do you use a timer to control lighting? _____
Do you routinely measure temperatures / humidity throughout the enclosure? _____
List enclosure temperatures, if known: Cool end: Day _____ Night _____
Warm end: Day _____ Night _____ Basking site _____