

Today's Date: \_\_\_\_\_

### Pet Information

(If necessary, please print additional sheet(s) to include more reptiles as needed).

#### Reptile's Name 1:

Species:	Sex:      Female      Male	Birth Date/Adoption Date:
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Colors and/or markings:

#### Reptile's Name 2:

Species:	Sex:      Female      Male	Birth Date/Adoption Date:
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Colors and/or markings:

#### Reptile's Name 3:

Species:	Sex:      Female      Male	Birth Date/Adoption Date:
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Colors and/or markings:

#### Reptile's Name 4:

Species:	Sex:      Female      Male	Birth Date/Adoption Date:
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Colors and/or markings:

If multiple, do any of the reptiles reside in the same tank? If so, who lives together in the same tank?

**Habitat Care:**

(Please print & fill out a separate copy of this sheet for any habitat/tank that would have different instructions.)

**Reptile(s) In Tank:**

**If we need to monitor temperature and/or humidity:**

Temperature range:

Humidity range:

How do we read & adjust temp./humidity if needed:

**Lighting:**

Are the lights on a timer or do we need to rotate them?

If we need to rotate, which lights and when need to be turned on/off?

**Cleaning Instructions:**

**Additional Notes:**

Today's Date: \_\_\_\_\_

### Special Feeding Instructions

(Please print and fill out a separate copy of this sheet for any reptile if they have different feeding instructions.)

**Reptile's Name:**

Type(s) & brand name (if applicable) of food:

How much per serving & how should we serve:

What time(s) do they eat?

Food preparation instructions: (include any supplements here )

Do we pick up food when we leave or do we leave it for them to graze on until our next scheduled visit?

At the next feeding time do we throw away the remaining food or do we add fresh food to it?

What type of water does your pet require (tap water or other)?

**Additional Notes:**

Today's Date: \_\_\_\_\_

**Location Of Pet's Items**

Habitat/Tank:

Food/Water:

Supplements:

Extra Bowls/Supplies:

Cleaning Supplies:

**Additional Notes:**


Today's Date: \_\_\_\_\_

### Vet & Emergency Vet Information

Name of practice:

Address:

Phone #:

City:

State/Zip code:

Do you have a preferred Dr.?

How long have you been with them?

Name of 24 hour/emergency pet veterinary hospital:

Address:

Phone #:

City:

State/Zip Code:

Do you have a preferred Dr.?

### Medical Emergencies

If time is of the essence, (i.e. found unconscious, bleeding out, etc . . .) are we authorized to act first **OR** should we call you first? (please keep in mind we will always contact you if you choose authorized).

\***IF** we cannot get ahold of you, what should we do?

Where is the reptile's carrier located?

Did you contact your veterinarian to give us authorization? (If not, please do so to prevent treatment delay in case of emergency).

Today's Date: \_\_\_\_\_

## Medical History

(Please print and fill out a separate copy of this sheet for each pet.)

**Reptile's Name:**

Health issues and related:

Current medication(s):

How do we administer medicine to your pet?

**Other Additional Notes:**