

Avian & Exotic Pet Clinic of Roanoke

## Reptile Background Sheet

Date: \_\_\_\_\_ Chart Number: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Species: \_\_\_\_\_ Age: \_\_\_\_\_ Gender (check one): Female Male

Microchip type/number: \_\_\_\_\_ Unknown

Other identifying marks \_ \_ \_\_\_\_\_

Where obtained: \_\_\_\_\_ When Obtained: \_\_\_\_\_

Pet's use (check one): Pet Breeding Education

Size and type of caging: \_\_\_\_\_

Cage bottom substrate: \_\_\_\_\_

Cage location in home: \_\_\_\_\_

Other reptiles in household: (number and type) \_\_\_\_\_

Is your pet free to roam outside of his or her cage? Yes No

Water source (check all that applies): bowl drip system

Diet: (list types, amounts and frequency): \_\_\_\_\_

---

Supplements (vitamins/minerals) \_\_\_\_\_

Cage temperatures and type of heat source: \_\_\_\_\_

Lighting (type): \_\_\_\_\_

Humidity (%and how provided) \_\_\_\_\_

Past medical history (include reactions to medications, prior health problems and treatments, etc): \_\_\_\_\_

---