

Avian & Exotic Pet Clinic of Roanoke

Reptile Background Sheet

Date: _____ Chart number: _____

Owner's name: _____ Pet's name: _____

Species: _____ Gender (circle one): Female / Male / Undetermined

Microchip type/number: _____ Other identifying marks: _____

Where obtained: _____ When obtained: _____

Pet's use (circle one): Pet / Breeding / Education

Size and type of caging: _____ Cage bottom substrate: _____

Cage location in house: _____

Other reptiles in household: (number and type) _____

Is your pet free to roam outside of his or her cage?: yes / no

Water source (circle one): 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.): _____

