



Exotic Animal Husbandry – Client Information Sheet
Reptiles and Amphibians (Snakes, Lizards, Turtles, Tortoises, Frogs)

Pets Name: _____	Owner's Name: _____
Species: _____	Today's Date: _____

Your Pet's First Visit:

- Where was your pet obtained? When?

- How old is your pet? (Date of Birth)

- Are there any other pets in the household?

- Does your pet have any cage mates?

- Does your pet have any previous healthcare conditions or medications:

Husbandry:

- Housing/Cage/Terrarium/Aquarium Description:

- Substrate/Cage Lining:

- Cage Contents (Toys, Huts, Perches, etc.):

- Cage Temperature and Cage Humidity% (Do you Soak your pet, if so how often?)

- Light Source (Hours per Day/Are they UVA/UVB Spectrum):

- Type of Heat Source (Locations/Hot Spot/Cool Spot/Hours on per day)

- Location of Cage in the Household:

- Cage Cleaning Protocol/Frequency:

Diet:

- Staple Diet:

- Fresh or Frozen Foods (Stunned or live prey):

- Treats/Supplements:

- Frequency Food/Water is Changed:

- Eating/Drinking

- Passing Urine/Feces/Urates:
