

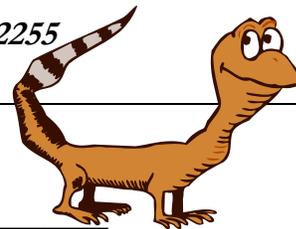
SHERIDAN ANIMAL HOSPITAL

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www.sheridananimalhospital.com



Sheridan
ANIMAL HOSPITAL



REPTILE INFORMATION SHEET

DATE: _____

PET'S NAME: _____ OWNERS NAME: _____

1. Where did you obtain your pet? _____
2. Was it captive bred or wild caught? _____
3. How long have you owned it? _____
4. How were you referred to us? _____
5. Is your reptile housed with other reptiles? _____
6. Do you own other reptiles? (Please list) _____
7. Have there been any recent introductions to your collection? _____ If so, when and what? _____

8. Describe your reptile's housing _____
9. What is on the bottom of the tank/cage (substrate)? _____
10. Is there a bathing area? _____ Hiding area? _____ Climbing/Basking area? _____
11. Do you mist the tank/cage? _____
12. Describe how you clean the tank/cage _____
13. How often do you clean the tank/cage _____
14. How is heat provided? _____
15. What is the temperature range? _____
16. Are there cool/warm sections in the tank/cage? _____
17. Do you have a hot rock or heating pad? _____
18. Do you have a thermometer to monitor temperature? _____
 - a. Where is the thermometer located? _____
 - b. For aquatic reptiles: is the water heated? _____
19. What type of lighting do you have? _____
20. Do you have an ultraviolet light source? (Ex: vitalite, duralight) _____
21. Do you keep a day/night cycle of lighting? _____
22. How often is your pet handled? _____
23. When was its last shed? _____ Was it normal? _____
24. Describe your reptile's diet (include how much you feed and how often) _____

25. If rodents are fed, what type _____ live or pre-killed? _____
 - a. When was its last meal? _____
 - b. Is a fresh water source available? _____
26. Do you use any vitamin or mineral supplements? (if so describe what, how often, how much?) _____

