

Reptile History

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Staff use only

Dr. Andrew Bean

Date completed.	`/
How long have you owned this pet?	Origin: _ captive bred _ wild-caught _ unknown
Where did you get this reptile?	What year was your home constructed?
Has your pet's sex been determined? $\ \ \ \ \ \ \ \ \ \ \ \ \ $	Is your reptile spayed or neutered? ☐ no ☐ yes
Please list all other types of pets in the home; place a star (*) by any of these pets that have contact with this reptile	
	addition to your collection? Species?
	les in the last 90 days? \square no \square yes
	s For how long?
Are there any residents of the home know to have compromis HIV/AIDS patients, cancer patients)? no yes	
Have any other animals or persons in the home been sick wit	hin the last 30 days? no yes
Exposure to smoke, aerosols, scented products (candles, diff	users)? 🗌 no 🔲 yes
How often is your pet handled?	Does your pet go outside?
Cage type: ☐ arboreal (tree climbing) ☐ terrestrial ☐ aquat	ic Cage dimensions:
What are the walls made out of?	What type of ceiling?
	of the cage in the home or on the property?
Cage décor or furnishings:	
	Any bathing facilities?
	Disinfectant/cleaner types?
Any changes to the environment in the last three months?] no 🗌 yes
	other How often is it changed?
Water supplements? no yes Nut	ritional supplements? no yes
Diet: What foods are fed and how frequently:	
Supplemental heat sources: Are the heat sources screened?	it controlled?
other The	
·	ne temperatures in the cage?
	Daytime coolest spot temp?
	Nighttime coolest spot temp?
	nt strip Model/manufacturer?
•	□ no □ yes Can the pet touch/access it? □ no □ yes
	plastic or glass)?
What is the humidity in the cage?	How is this measured?