## Reptile & Amphibian History Form

**Date:**

**Animal Information:**
- Time Owned:
- Primary Care Giver:
- Source: 
  - Captive Bred ○
  - Wild Caught ○
  - Unknown ○
- Other Pets; Note most recent addition:
- Owner or pets in contact with other Reptiles?
- Quarantine procedure?:

### Housing
- Cage Dimensions: ____ x ____ x ____ Made of: ____________
  - Arboreal ○
  - Terrestrial ○
  - Aquatic ○
- Heat Sources:
  - Thermostat Control ○
  - Thermometer Y/N Digital ○
  - Sticker ○
  - Plastic Dial ○
  - Temp Gun ○
  - Night Temp (Range):
- Hygrometer: Y/N
  - % Humidity:
- Spray ○ Mist ○ Dripper ○ Bathe ○ Frequency: ____________
  - Brand/Strength:
- UV light source: Y/N
- Age of Bulb:
- Photoperiod:
- Cage top: Secured?:
- Additional Ventilation:
  - Substrate:
  - Sub. Depth:
  - Filters (Type, Size):
  - Depth of Water:
- Haul Out: Y/N
- Water change: Partial: Full:
- Live Plant/Types:
- Cleaning Regime: Spot Clean: Full Clean:
- Cage furniture:
- Cage location:
- Location of other reptile(s):
- Frequency Handling/Time out of Enclosure:
  - Ever Outside: Y/N

### Diet
- Prey Type:
  - Dead ○
  - Live ○
  - Frozen ○
  - Is this the usual color?:
- Color of last meal (rodents)?
- If Live, How long left in enclosure?:
  - Salad:
  - Gut loading? How?:
- Frequency of Feeding: Prey:
- Supplement Type/Brand/Freq:
- Veggies/Type:
- Fruit/Type:
- Commercial Food Used: Y/N
  - Brand:
  - %Fed:
  - Ever feed Wild-caught food? Y/N
- Water Source:
  - Freq. of cleaning?:
  - Large enough for soaking: Y/N

### General
- Reproductive Status:
- Last Clutch Laid:
  - How Many?:
- Last Shed:
  - Complete: Y/N
- Last Defecation:
  - Normal?: Y/N
- Last Fed:
- Previous Health Problems?
  - On-going meds: