

Paws & Claws Veterinary Hospital
3819 Bradfordville Road * Tallahassee, FL * 32309 * (850) 906-0444



New Client Information:

ACCOUNT NUMBER: _____

DATE: _____

Mr. Ms. Mrs.	First Name:	Last Name:	
Address:		City:	
State:	Zip Code:	Driver's License #: (Req'd for Check Payments)	Spouse/Co-Owner's Name:
Home Phone Number:	Cell Phone Number:	Work Phone Number:	Email:

Reptile History Form

Background Information:

Length of time owned: _____ Where acquired? Breeder Pet Store Other _____

Wild-caught/Captive Bred? _____
How often is animal handled? _____
Deparasitized? _____
Daily Occasionally Never

Animal ever taken outside? _____
No Yes If yes, for how long? _____

When was last shed? _____

Any trouble shedding? _____
No Yes If yes, specify _____

Fecal consistency? _____

Husbandry:

Type of enclosure: _____ Size of enclosure _____

Where is cage located? _____ Cage furniture _____

Cage substrate? _____

Frequency of cage cleaning? _____

Type of disinfectant used to clean cage? _____

Cage Environment:

Light cycle: _____ Type of lighting: _____

Heat source: _____ Humidity level: _____

Temperature within cage: Minimum _____

Maximum _____

Basking area _____

Nutrition:

Type of Food offered _____

Amount fed/frequency _____ When last fed _____

Water Source _____

Any other pets? No Yes If yes, specify _____

Any other reptiles? No Yes If yes, specify _____

Reptiles are housed together or singly? _____ If not housed together, where are other reptiles located?

Any new additions to the reptile population? No Yes If yes, specify _____

