

## Snake History/Husbandry Form

Client Name \_\_\_\_\_ Pet Name \_\_\_\_\_ Date \_\_\_\_\_

Type of snake \_\_\_\_\_ Age \_\_\_\_\_ Sex M F U How was sex (gender) determined? \_\_\_\_\_

Animal is a: Pet Breeder

Does pet have a microchip? Yes No If yes, what is the microchip number? \_\_\_\_\_

### **Background:**

Length of time owned \_\_\_\_\_ Where did you acquire pet? \_\_\_\_\_

How often is pet handled? Daily Occasionally Never

### **Husbandry:**

Does pet roam free in house? Yes No Occasionally

Type of caging: \_\_\_\_\_ Size of caging: \_\_\_\_\_ Cage location: \_\_\_\_\_

Cage Substrate: \_\_\_\_\_ How often is cage cleaned? \_\_\_\_\_

What is used to clean cage? \_\_\_\_\_

Who is housed with pet? housed singly with a cage mate(s)

If cage mate how many? \_\_\_\_\_

Do other pets interact with this pet? Yes No If yes, specify \_\_\_\_\_

Other pets in the house? Yes No If yes, specify type and amount: \_\_\_\_\_

Any new additions to the pet population? Yes No If yes, specify \_\_\_\_\_

Were new pets quarantined? Yes No Length of time? \_\_\_\_\_ How? \_\_\_\_\_

Heat source: \_\_\_\_\_ Humidity level: \_\_\_\_\_

Temperature cage minimum: \_\_\_\_\_ Maximum: \_\_\_\_\_ Basking area: \_\_\_\_\_

### **Nutrition:**

Is pet eating well? Yes No Is pet drinking well? Yes No

Type of food offered: \_\_\_\_\_ Amount/Frequency: \_\_\_\_\_

How are they offered? Alive Deceased If deceased is it: Frozen-thawed or Freshly killed

When is the last time food was offered? \_\_\_\_\_ When is the last time the pet ate? \_\_\_\_\_

Water source? \_\_\_\_\_ How often is water changed? \_\_\_\_\_

How often is pet soaked? \_\_\_\_\_

### **Reason for visit:**

Which type of visit is this? Wellness OR Sick/behavior Issue If sick/behavior issue please explain: \_\_\_\_\_

How long has pet had this issue? \_\_\_\_\_ Are other pets in house having the same issue? Yes No

Describe the pet's feces: \_\_\_\_\_

Last time pet passed stool? \_\_\_\_\_

Last time pet shed? \_\_\_\_\_

Has there been any heat seeking behavior? Yes No If yes please explain: \_\_\_\_\_

Any Recent travel? Yes No If yes when and where? \_\_\_\_\_

Any Known medication reactions? Yes

No

If yes please explain: \_\_\_\_\_