

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: _____