

Turtle History/Husbandry Form

Client Name _____ Pet Name _____ Date _____

Type of turtle _____ Age _____ Sex M F U How was sex (gender) determined? _____

Animal is a: Pet Breeder

Background:

Length of time owned _____ Where did you acquire pet? _____

How often is pet handled? Daily Occasionally Never

Husbandry:

Housed: Indoor Outdoor Does pet roam free in house/yard? Yes No Occasionally

Is a UV-B light offered? Yes No How often is bulb changed? _____

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? _____

Light cycle: _____ Type of lighting: _____

Heat source: _____ Humidity level: _____

Temperature cage minimum: _____ Maximum: _____ Basking area: _____

Temperature of water (if applicable) _____

Nutrition:

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

Type of food offered:

Pellets? Yes No If yes, which type _____ Amount fed/frequency _____

Freeze dried shrimp? Yes No If yes, which type _____ Amount fed/frequency _____

Live prey? Yes No If yes, which type _____ Amount fed/frequency _____

Fresh Vegetables? Yes No If yes, which type _____ Amount fed/frequency _____

Supplements/Vitamins? Yes No If yes, which brand _____ Amount fed/frequency _____

Water source? _____ How often is water changed? _____

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? _____

Has the amount of scutes being shed increased? _____

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: _____