



## Green Iguana Background Sheet (*Iguana iguana*)

Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Gender (circle): male / female

Neutered/spayed (circle): yes / no

Microchip #: \_\_\_\_\_

Where obtained: \_\_\_\_\_

Length of ownership: \_\_\_\_\_ Animal's use (circle): pet / breeder / education

Size and type of caging: \_\_\_\_\_

Type of bedding or substrate: \_\_\_\_\_

Cage location(s) (circle): indoor / outdoor

Free roaming (circle): yes / no

Number of iguanas in household: \_\_\_\_\_ Number of iguanas sharing cage: \_\_\_\_\_

Water source (circle): small dish / large pan

Cage humidity (% estimate and how moisture is supplied): \_\_\_\_\_

Cage lighting (list types): \_\_\_\_\_

Cage temperatures:

Day-time: Ambient range \_\_\_\_\_

Basking site \_\_\_\_\_

Night-time: Ambient range \_\_\_\_\_

Basking site \_\_\_\_\_

How is heat supplied: \_\_\_\_\_

Diet (list type, amount and frequency)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vitamin and mineral supplements (list types):

\_\_\_\_\_

Previous illnesses or conditions: \_\_\_\_\_

\_\_\_\_\_

Treatment and Outcome: \_\_\_\_\_



**Be sure to fill out a new client form or sick pet form where appropriate.**



## Other Lizards Background Sheet

Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Species: \_\_\_\_\_

Gender (circle): male / female

Neutered/spayed (circle): yes / no

Microchip #: \_\_\_\_\_

Where obtained: \_\_\_\_\_

Length of ownership: \_\_\_\_\_ Animal's use (circle): pet / breeder / education

Size and type of caging: \_\_\_\_\_

Type of bedding or substrate: \_\_\_\_\_

Cage location (circle): indoor / outdoor Free roaming (circle): yes / no

Number of reptiles in household: \_\_\_\_\_ Number of reptiles sharing cage: \_\_\_\_\_

Water source (circle): small dish / large pan / drip system

Diet (list type, amount and frequency):  
\_\_\_\_\_  
\_\_\_\_\_

Vitamin and mineral supplements:  
\_\_\_\_\_

Cage lighting (list types): \_\_\_\_\_

Humidity % in cage (include how moisture is supplied):  
\_\_\_\_\_

Temperature ranges in cage:

Day-time: Ambient range \_\_\_\_\_ Basking site \_\_\_\_\_

Nighttime: Ambient range \_\_\_\_\_ Basking site \_\_\_\_\_

How is heat supplied: \_\_\_\_\_

Previous illnesses or conditions: \_\_\_\_\_

Treatment and outcome: \_\_\_\_\_  
\_\_\_\_\_



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## Snake Background Sheet

Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Species: \_\_\_\_\_ Gender (circle): male / female / undetermined

Microchip #: \_\_\_\_\_ Where obtained: \_\_\_\_\_

Length of ownership: \_\_\_\_\_ Animal's use (circle): pet / breeder / education

Size and type of caging: \_\_\_\_\_

Type of bedding: \_\_\_\_\_ Cage location (circle): indoor / outdoor

Number of snakes in household: \_\_\_\_\_ Number of snakes sharing cage: \_\_\_\_\_

Cage temperatures (day-time vs. night-time, ambient vs. basking):  
\_\_\_\_\_

Heat source (type): \_\_\_\_\_

Cage humidity (% estimate and how provided):  
\_\_\_\_\_

Water source: \_\_\_\_\_

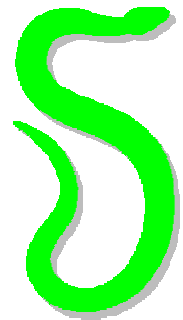
Cage lighting (type): \_\_\_\_\_

Diet (type, amount, frequency): \_\_\_\_\_  
\_\_\_\_\_

Supplements: \_\_\_\_\_

Previous illnesses or conditions: \_\_\_\_\_  
\_\_\_\_\_

Treatment and outcome: \_\_\_\_\_  
\_\_\_\_\_



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## Tortoise Background Sheet

Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Species: \_\_\_\_\_ Gender (circle): male / female

Microchip #: \_\_\_\_\_ Where obtained: \_\_\_\_\_

Length of ownership: \_\_\_\_\_ Animal's use (circle): pet / breeder / education

Size and type of caging: \_\_\_\_\_

Type of bedding/substrate: \_\_\_\_\_ Cage location (circle): indoor/outdoor

Free roaming (circle): yes / no

Number of tortoises in household: \_\_\_\_\_ Number of tortoises sharing cage: \_\_\_\_\_

Cage temperature:

Day-time: Ambient range \_\_\_\_\_ Basking site \_\_\_\_\_

Night-time: Ambient range \_\_\_\_\_ Bedding site \_\_\_\_\_

Heat source (type): \_\_\_\_\_

Cage humidity (% estimate and how provided):  
\_\_\_\_\_

Cage lighting (type): \_\_\_\_\_

Water access (how provided): \_\_\_\_\_

Diet (type, amount and frequency):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supplements (type, amount and frequency): \_\_\_\_\_  
\_\_\_\_\_

Previous illnesses or conditions: \_\_\_\_\_

Treatment and outcome: \_\_\_\_\_



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## Aquatic Turtle Background Sheet

Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Species: \_\_\_\_\_ Gender (circle): male / female / undetermined

Microchip #: \_\_\_\_\_ Where obtained: \_\_\_\_\_

Length of ownership: \_\_\_\_\_ Animal's use (circle): pet / breeder / education

Size and type of caging: \_\_\_\_\_

Type of substrate: \_\_\_\_\_ Cage location (circle): indoor / outdoor

Number of turtles in household: \_\_\_\_\_ Number of turtles sharing cage: \_\_\_\_\_

Cage temperature:

Day-times: Ambient \_\_\_\_\_ Basking \_\_\_\_\_ Water \_\_\_\_\_

Night-time: Ambient \_\_\_\_\_ Water \_\_\_\_\_

Heat source (type): \_\_\_\_\_

Type of lighting: \_\_\_\_\_

Frequency of water changing: \_\_\_\_\_ Type of water used: \_\_\_\_\_

Diet (list type, amount and frequency):

\_\_\_\_\_

\_\_\_\_\_

Supplements (list type, amount and frequency):

\_\_\_\_\_

\_\_\_\_\_

Previous illnesses or conditions: \_\_\_\_\_

\_\_\_\_\_

Treatment and outcome: \_\_\_\_\_

\_\_\_\_\_



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