

**Species**

**Age**

**Sex**

**Background Information:**

Pet been to a vet before?                      Where acquired?                      Breeder                      Pet Store                      Other

How often is animal handled?                      Daily                      Occasionally                      Never

Animal ever taken outside?

When was last shed?                      Any trouble shedding?                      No                      Yes                      If yes, specify

Fecal Frequency?

**Husbandry:**

Type of enclosure:                      Size of enclosure:

Where is cage located?                      Cage toys/furniture:

Bedding type?                      Disinfectant used?

Frequency of cage cleaning

**Cage Environment:**

Light Cycle:                      Type of lighting:

Heat Source:                      Humidity Level %:

Cage Temp:                      Minimum                      Maximum                      Basking Area

Type of Thermometer:

**Nutrition:**

Type of Food offered:                      Amount fed/frequency:

When last fed:                      Water Source:

Supplements:                      Frequency Changed: