**Tortoise/Turtle/Frog/Toad History Form**

**Background Information:**

Owner name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

Pet’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of birth/age\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: M F Unknown How determined: DNA Surgical Probed Visual

Length of time owned:\_\_\_\_\_\_\_\_\_\_\_ Where acquired: Breeder/Pet store/Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any other reptiles? Yes□ No□ If yes, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reptiles are housed: Together□ Separately□

If not housed together, where are other reptiles located in regards to this pet?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other pets? Yes□ No□ If yes, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where is your pet housed? (circle) Indoor Outdoor Both If both, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Husbandry:**

**Enclosure**

Is your pet kept: Indoors\_\_\_\_\_Outdoors\_\_\_\_\_Roams free in house\_\_\_\_\_

Type of caging (metal, wood, etc.): Sides:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Bottom(base):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dimensions of cage: Length\_\_\_\_\_\_\_\_Width\_\_\_\_\_\_\_\_\_Height\_\_\_\_\_\_\_\_\_

Briefly describe your pet’s cage (rocks, type of branches/plants, hiding structures, etc.)

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

Is there a water side of the cage? Yes□ No□

If yes, what percentage of the cage is water?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(example: 50% water and 50% land).

Approximately how deep is the water?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a thermometer in the water? Yes□ No□ If yes, what is the temperature of the water?\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you use an automatic mister or fogger in the cage? Yes□ No□

Type of substrate/bedding used (reptile carpet, sand, mulch, etc.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How often is the cage cleaned?\_\_\_\_\_\_\_\_\_\_\_\_\_\_What type of disinfectant is used?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your pet spend time out of the cage? Yes□ No□ If so, how much time and where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Lighting**

Does your pet receive sunlight? Yes□ No□ If yes, approximately how many hours per week?\_\_\_\_\_\_\_\_\_

What type of lighting is used in the cage?

* Incandescent: During the day - Color of bulb:\_\_\_\_\_\_\_\_Wattage:\_\_\_\_\_\_How many hours per day used:\_\_\_\_\_\_\_

At night - Color of bulb:\_\_\_\_\_\_\_\_Wattage:\_\_\_\_\_\_How many hours per day used:\_\_\_\_\_\_\_

* Fluorescent/UVB: Wattage(s)\_\_\_\_\_\_\_\_\_\_Hours per day\_\_\_\_\_\_\_\_\_\_\_

**Temperature**

What devices are used to maintain cage temperature?

□ Hot rock □Heat pad □Warm room □Heat light □Ceramic heater □Aquarium heater

□Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a thermometer **inside** the cage? Yes□ No□

If yes, what are the temperatures? Temperatures **at night**: High\_\_\_\_\_\_\_\_Low\_\_\_\_\_\_\_\_

Temperatures **during the day**: High\_\_\_\_\_\_\_Low\_\_\_\_\_\_\_\_\_

What is the average temperature of the basking site (warmest part of the cage)?\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the average temperature of the coolest part of the cage?\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a humidity gauge inside the cage? Yes□ No□

If yes, what is the humidity of the cage? High\_\_\_\_\_\_\_\_\_Low\_\_\_\_\_\_\_\_\_\_

**Nutrition:**

Types of foods offered:

* **Pellets or Powder?** Yes□ No□

If yes, what brand?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount fed/frequency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Insects, mealworms, crickets, etc.?** Yes□ No□

If yes, what types?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount fed/frequency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Rodents?** Yes□ No□

If yes, what type(s)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount fed/frequency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Fruits?** Yes□ No□

If yes, what types?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount fed/frequency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Vegetables?** Yes□ No□

If yes, what types?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount fed/frequency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* **Is Calcium supplemented?** Yes□ No□

If yes, how is it provided (powder, spray, tablets, etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Any other supplements**? Yes□ No□

If yes, types/brands?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Any other types of foods given?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Water source:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How often is the water changed?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please fill in the percent of total diet in each category that your pet actually eats:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Seeds | Pellets | Vegetables | Fruits | Nuts | Dairy/Meat | Breads/Grains | Other | Total |
|  |  |  |  |  |  |  |  | =100% |

**Please check any symptoms or problems that you have noticed about your pet:**

**□Decreased appetite □Increased appetite □Anorexia(not eating at all) □Weight loss**

**□Vomiting/regurgitation □Difficulty breathing □Lethargy □Change in skin color**

**□Abnormal shed □Diarrhea □Nasal or eye discharge □Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**