



EXOTIC COMPANION

REPTILE REGISTRATION

Owner _____ Phone (____) _____
Children in household? _____ Other animals in household _____

Reptile Name _____

Species/Breed/Variant _____ Color _____
Sex: Male Female Unknown Age _____
Females ONLY: Date of last clutch _____ How many clutches? _____

HOUSING

Type of enclosure _____ Size _____
Substrate _____
Other special quarters (humidity hide, bathtub, outside) _____
Temperature: Basking _____ Daytime _____ Nighttime _____
Heat Source: Heat Lamp Under Tank Heater Hot Rock None
Light Cycle: Lights on _____ am Lights off _____ pm Timer? _____

DIET

Insects _____
Greens _____
Other _____
Frequency _____
Supplements: CALCIUM D3 MULTIVITAMIN Frequency _____

HISTORY

Last Soak _____
Last Shed _____
Any Difficulty Shedding? _____
Current Medications _____
Other Pertinent History _____

