

Norwalk Animal Hospital
Exotic Animal Husbandry Sheet

Last Name: _____ Pet name: _____ Species/Breed: _____

Sex: Male Female Unknown Spayed/Neutered? _____

Age: _____ Length of time owned: _____ Source (pet store, breeder, rescue...): _____

Other pets in house? _____ (If so, describe/list): _____

Reason for Visit: _____

Treated for same problem before? _____ If yes, where: _____

Date of last shed/molt: _____ Any noticed changes: _____

Housing

Cage type: _____ Size: _____ Bedding: _____

Where cage is located in house: _____ Percent of time spent in cage: _____

Cagemates? _____ If yes, same species? _____ How many cagemates? _____

Frequency of cleaning: _____ Products used: _____ Last Cleaned: _____

Reptile Patients

Heat source: _____ Temperature gradient: _____ UV Light? _____

Humidity: _____ Soak frequency: _____ Humid hide? _____

Food

Date of last feeding: _____ Water available always? _____ Source of water: _____

Diet: (Check any and all that apply)

Commercial blend food: amount: _____ frequency: _____ type/brand: _____

Hay: amount: _____ frequency: _____ type: _____

Pellets: amount: _____ frequency: _____ type/brand: _____

Seeds: amount: _____ frequency: _____ type/brand: _____

Fruit: amount: _____ frequency: _____ types: _____

Vegetables: amount: _____ frequency: _____ types: _____

Insects: amount: _____ frequency: _____ types: _____ alive dead

Other prey: amount: _____ frequency: _____ types: _____ alive dead

Supplements: amount: _____ frequency: _____ types/brand: _____