

REPTILE PET PREPAREDNESS

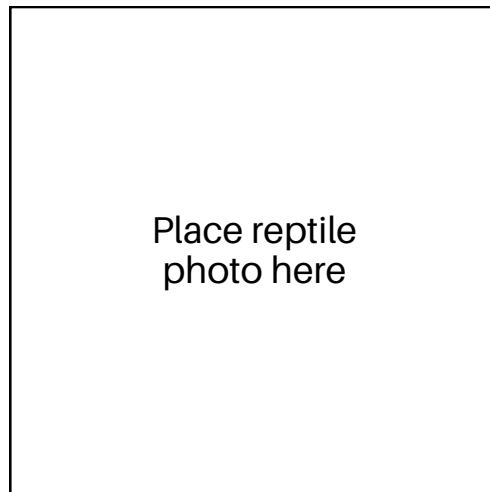
GENERAL INFORMATION

Animal name: _____

Animal age (as of _____): _____ OR DOB: _____

Where is the animal from? _____

Type: _____



VETERINARY INFORMATION

Location: _____

Phone: _____ Address: _____

Vet Name: _____

Where else have I gone? _____

Have I been to an emergency vet for anything? YES NO

Regular vaccines & dates: _____

Any past health problems? _____

List any medications/supplements: _____

*Please set up a person who can consent to care at this vet.

FOOD

What brand/type do I eat? _____

What is my feeding schedule? _____

How are my eating habits? _____

List any allergies/dietary restrictions: _____

What type of treats do I eat? _____

SLEEP SCHEDULE

What time are my lights kept on? _____

What time are my lights kept off? _____



CARING FOR ME

What size & type of enclosure is right for me? _____

What lights do I like? _____

What is the temperature & humidity of my enclosure? _____

What makes me most comfortable? _____

	Like	Dislike	Don't Know
Men			
Women			
Children			

	Like	Dislike	Don't Know
Being bathed			
Being held			
Being picked up			

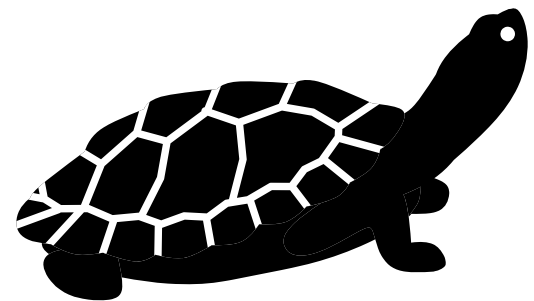
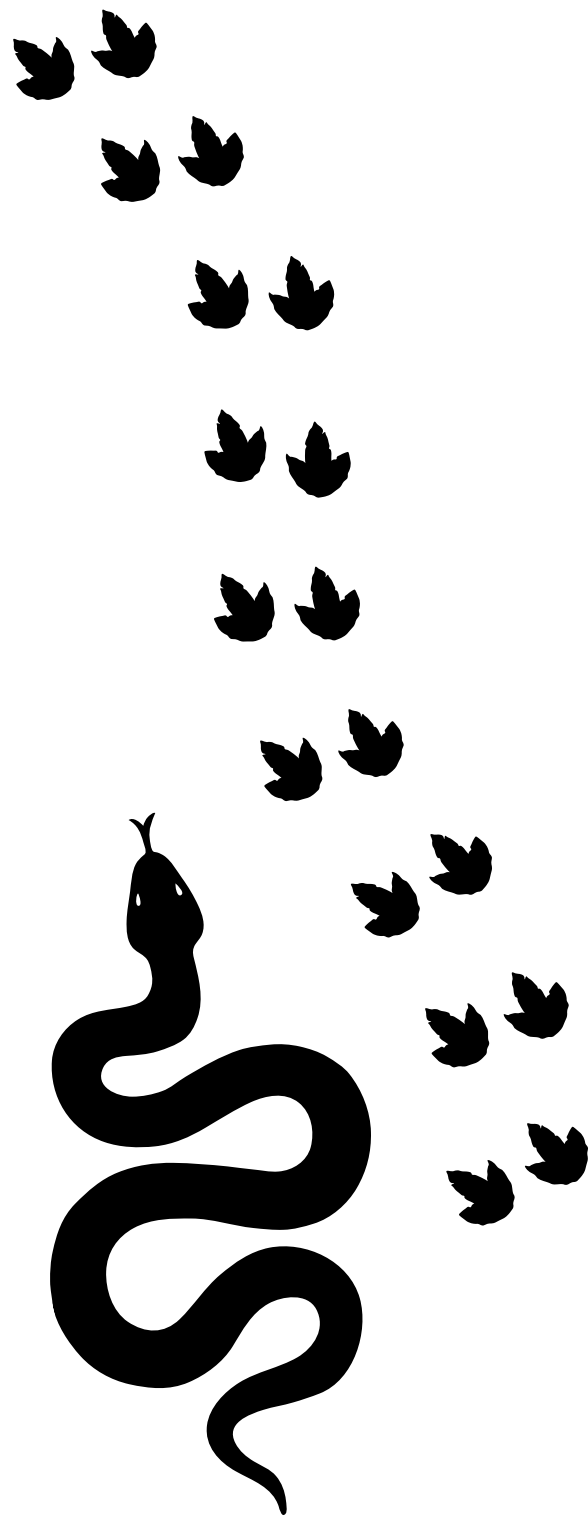
FAVORITES

Toys:

Treats:

Puzzles/Enrichment:

Other:



DISLIKES

Items I destroy:

Fears:

OTHER NOTES

