

East Hilliard Veterinary Services Reptile Background Sheet



Owner's Name:	Pet's Name:
Age: Gender: male / female Neutered/spayed: yes / no	
Breed: Color / Markings:	
Tattoo / Microchip #: Where obtained:	
Length of ownership: Animal's use: pet / breeder / s	show / education
Size and type of caging:	Indoor / Outdoor
Type of bedding and litter:	
Free roaming? yes / no If yes, when and how long?	
Other pets:	
Water: dish / bottle	
Diet:	
Vegetables /Fruit (list type):	
Other (please list):	
Supplements/Medications:	
Previous illnesses or conditions (including dental):	
Treatment and outcome:	
Travel history:	
Exercise / Toys:	