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Reptile/Amphibian Intake Sheet

Owner Info:

Owner name: _____

Phone number: _____

Address: _____

Best method of contact: _____

Email: _____

Pet Info

Pet Name: _____

Species: _____

Age: _____

Sex (if known): _____

When did you acquire this pet? _____

Birthday (if known, if unknown "gotcha" day): _____

Any other animals in the house/cage mates: _____

Terrarium

Dimensions: _____

Bulb types: _____

Hot temperature: _____

Hours of light: _____

House temperature: _____

Substrate Type: _____

Cold temperature: _____

Humidity: _____

Cleaning schedule/products: _____

Diet (what and % of diet/ how often)

Insects: _____

Rodents (if applicable) live or frozen/thawed: _____

Vegetables: _____

Fruit: _____

Supplements: _____

Feeding location: _____

Presenting complaint

What is going on? _____

Location (if applicable)? _____

When did it start? _____

Any other pets affected? _____

Other concerns: _____