

# The Animal Clinic of East Avenue

## REPTILES Information Sheet

### Owner Info:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Pet Info:

Name: \_\_\_\_\_ Color: \_\_\_\_\_ DOB: \_\_\_\_\_  
Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_ S/N \_\_\_\_\_

Where did you get your pet? \_\_\_\_\_  
How long have you had your pet? \_\_\_\_\_  
Have you owned this species in the past? \_\_\_\_\_  
Has your pet ever seen a veterinarian? \_\_\_\_\_ If yes, when: \_\_\_\_\_  
Has your pet ever been tested for parasites? \_\_\_\_\_ If yes, when: \_\_\_\_\_ Results: \_\_\_\_\_  
Are you planning on breeding your pet? \_\_\_\_\_ If yes, when: \_\_\_\_\_

Food/Prey Type(s): \_\_\_\_\_  
Feeding Schedule: \_\_\_\_\_  
Treats? \_\_\_\_\_ If yes, what? and how often? \_\_\_\_\_  
Does your pet have still water or fountain? \_\_\_\_\_ How often do you change water? \_\_\_\_\_  
Do you supplement calcium? \_\_\_\_\_ If yes, How often? \_\_\_\_\_

Do you have a glass or screened aquarium? \_\_\_\_\_  
What is the humidity level of the enclosure? \_\_\_\_\_ Average temp range/gradient? \_\_\_\_\_  
What type of full spectrum light are you providing? \_\_\_\_\_  
Do you use a heating lamp or heating rock? \_\_\_\_\_  
Is your pet housed with other pets? \_\_\_\_\_ If yes how many and what type? \_\_\_\_\_  
What is your pets bedding like? \_\_\_\_\_  
How often do you clean your pets house? \_\_\_\_\_ With what? \_\_\_\_\_

### \*\*\*\*\*Payment Policies\*\*\*\*\*

Full payment is due at time of service. Unpaid charges will incur finance/billing fees monthly. Any account deemed "difficult to collect" by clinic management will be forwarded to a collection agency. All fees associated with the collection process, including but not limited to, agency fees, attorney fees, and court costs will become the responsibility of the delinquent party. Any check returned unpaid will incur a \$25.00 fee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Staff: \_\_\_\_\_