



Animal Hospital of High Park

Animal Hospital of High Park Professional Corp.

3194 Dundas St. W. Toronto, ON M6P 2A3

(416) 763-4200

Reptile Husbandry

Please take a moment to fill in this form so that we may have an understanding of where your reptile lives.

If any of the following do not apply, please skip.

Pet Name: _____

Owner Name: _____

Enclosure

Size (gallons)			
Dimensions	L:	W:	H:
Substrate			
Plants (Live or fake)			
Other animals			
Recent Changes			

Cleaning

How often is substrate cleaned/replaced?	
How often is the enclosure fully cleaned?	
What soap and/or disinfectant is used?	

Heat

Type of Heat Source(s)	Under tank	Over head (Wattage)	Other
Temperatures	Hot side	Cool side	Basking spot
Please describe any daily or seasonal temperature variations			

*** Please Continue on Other Side ***



Lighting

UVB Lighting	Bulb Type (Circle one): Tube Compact Fluorescent Mercury Vapour	Wattage: Strength (circle one): 2.0 5.0 10.0
	Distance from your reptile:	
	How often is the bulb replaced?	
What time is the light turned on/off	On:	Off:

Humidity

Current humidity level			
Source	Spray Bottle	Fogger	Other:
How often			

For Aquatic/Semi-Aquatic Reptiles & Amphibians

Water Temperature		
Heater Type		
Water Depth		
Filter	Type:	Size (in gallons):
	How often is the filter cleaned/material changed?	
Water changes	How often is the water changed?	
	Do you do partial or complete water changes?	
Do you perform water quality testing? If so, please describe.		
Do you provide your turtle with a dry area to bask?		

DIET

How much do you feed of the following items (type and quantity):

1. Meat (including rodents/fish): _____
2. Vegetables: _____
3. Insects: _____
4. Prepared Diets (i.e. pellets, etc...) _____
5. Vitamin/Mineral Supplements _____

Do you "Gut Load" prey food? _____

Describe how you present the food _____
