

## Reptiles Information Sheet

### Owner Info:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Primary Phone: \_\_\_\_\_ Text: Y or N Primary Phone:

\_\_\_\_\_ Text: Y or N

Secondary Phone: \_\_\_\_\_ Text: Y or N Secondary Phone: \_\_\_\_\_

Text: Y or N

email: \_\_\_\_\_

email:

\_\_\_\_\_

email reminders? Y or N

email reminders? Y or N

Driver's license \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (if writing a check)

### • **General History:**

**Name:** \_\_\_\_\_

**Color:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Species:** \_\_\_\_\_

**Breed:** \_\_\_\_\_

**Gender:**  Male

Female  Unknown

→If female, has she laid eggs or

produced young? Y/N

Pet obtained from:  Pet store  Breeder  Friend/family member  Private Party  Show  
 Other

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? \_\_\_\_\_

Describe the lighting used:  Fluorescent  Incandescent  Ultraviolet  Night (red) light.

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? \_\_\_\_\_

Frequency of cage cleaning: \_\_\_ Daily \_\_\_ Weekly \_\_\_ Monthly. With what? \_\_\_\_\_

Whom may we thank for referring you? \_\_\_\_\_

### **Payment Policies:**

**\*\*\* FULL PAYMENT IS EXPECTED AT TIME OF SERVICE\*\*\***

*If there remains a balance that cannot be collected at time of service, I understand that it will be subject to the billing policies of the Animal Clinic of East Avenue. This includes balances subject to 10% interest every month and billing charges until a balance is > 3 months and then balance will be subject to a 15% interest charge. Account past due > 3 months will be sent to collections. Late fees will apply to accounts without monthly payments of > 10% of the balance. 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. After 2 checks have been returned unpaid, payment must be in form of cash, money order or credit card. A charge may be assessed for appointments cancelled without at least 24 hours notice.*

***\*\*I acknowledge that I have read, understand and agree to the above listed payment policies. In addition, I agree that accepting service and/or merchandise offered by the Animal Clinic of East Ave.,***

***\*\* I acknowledge and understand acceptance of use of any photographic images are the property of Animal Clinic of East Avenue for representation of company for internet, digital or local representation.***

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_