

Reptile/Amphibian Information Sheet

Mountain Pet Valet

*Please fill out one form for each reptile so that we may provide the best possible care for your pet. Thank you.

Animal Name:	Male / Female	Age:
Colors/Markings:		
Location of Cage:		
Temperature of warm side:		rature of cool side:
Do you have thermometers: □ Yes □ No * ple	ase use a real therm	ometer, stick on thermometers are not accurate
Does the cage need to be heated at night: \Box Y	′es □ No	
Does the bulb need to be changed to a dim light	bulb: □ Yes	□ No
If your bulb burns out, where is the replacement	bulb:	Bulb Type:
Feeding Time:	Treats:	
Feeding Instructions:		
Cage cleaned how often:		
Cage maintenance instructions:		
ls animal allowed outside cage: □ Yes	□ No	
Instructions for out of cage play time:		
Would your reptile like a shower or misting: □ Y	es □ No	
Bathing instructions:		
Precautions (other animals, people, biting):		
Teodationo (otrici ariinidio, people, bitilig).		
Anything else we should know:		
*This form will be kept on file for all future visits. If anyth	ning changes, you will ren	nark so on the vacation/trip log at each visit booking.
I,, have entered t	the above information	tion as truthfully and accurately as possible.
	Client Signat	rure Date

