**HOSPITAL REGISTRATION FORM FOR YOUR SNAKE**

To help us keep your snake healthy, please complete this form and, if necessary, use the additional space on the back of the pages. Please answer as many of the questions as possible.

Owner's name................................................................................................................

Address.........................................................................................................................

............................................................... Postcode………Telephone no......................

Name of snake…………...............................................................................................  
  
How long have you had your snake?............................................................................

Species.......................................................... ................. ………………………………  
  
Age.......................Sex.......................

Source (circle):   Pet shop          Friend               Breeder            Other (details below)  
  
………………………………………………………………………………………………..

Do you keep other reptiles?

If so, please give details of their type, sex, how long you have had them and any problems they may have had recently.

What other pets do you have?

**Your snake’s environment**

Is the snake confined in a vivarium or at times allowed to be carried/wander in the house?

Is the snake housed alone? If not, ***list*** all other animals in the enclosure & ***how long*** they have been together.

Describe any changes in the household since you have had your snake.

**Size and type of cage**

Please describe the cage and its **dimensions**, and **draw a plan** on the back of this page. If you have a photograph of it, you can include this too.

How is the enclosure cleaned? How often? List the products used.

What is the substrate (material on the bottom of the cage)? Give type and depth.

How often is the substrate completely replaced?

**Hides**

What is the furniture e.g. hide box or cave, climbing branches, rocks? Include these in the plan.

How often are these cleaned and how?

**Heat sources**

Describe the heating of the vivarium.

Are there thermometers (not the thermostat scale) and, if so, where are they positioned?

What is the temperature gradient (lowest to highest temperature range) of the enclosure (NOT just what thermostat set at)?

**Lighting**

Describe the lighting, including UV and access to natural (NOT through glass or Perspex) sunlight.

How long is your snake kept in the light (both natural and artificial)?

When did you last replace your UV globe with a new globe?

**Water**

What is the water source and where is it in the cage? How often is the water changed?

**More about your snake**

How often do you check your snake?

How often is your snake taken out of the enclosure and for how long?

**Reproduction**

Have you had your snake's sex verified?

What is your snake’s breeding history? Does it display sexual activity?

If female, has your snake laid eggs? If so, when and how many?

**Food**

What prey items do you feed and what size?

Is the food fed live or frozen/thawed?

How often do you offer feed?

What is your snake's favourite prey item?

When was the last feed eaten? (List the last few dates that you snake ate, if possible)

When did you snake last produce droppings?

**Skin**

Describe the skin shedding. When was the last slough?

**Medical history**

When was the last faecal examination done on this snake? Detail any worming dates and drugs*. (We recommend twice-yearly faecal examination)*

Has your snake had a health screen (blood examination)? If so, please provide some details. *(We recommended yearly blood screens)*

Who are the veterinarians that have previously treated your snake?

List all past medical problems and treatments used.

Please provide **details about the current problem** with your snake.

**How long** has the problem been going on? Is it getting **worse/better/same**?

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**THANK YOU FOR FILLING OUT THIS DETAILED FORM.**  
Payment is required on the day of consultation.