**HOSPITAL REGISTRATION FORM FOR YOUR TURTLE**

To help us keep your turtle 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 turtle…………...............................................................................................

How long have you had your turtle?............................................................................

Species.......................................................... ................. ………………………………

Age.......................Sex.......................

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

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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 turtle’s environment**

Is the turtle confined in a tank or pond or at times allowed to be carried/wander in the house/garden?

Is the turtle 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 turtle.

**Size and type of tank**

Please describe the tank 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 tank cleaned? How often? List the products used.

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

How often is the substrate changed?

**Hides**

What is the furniture e.g. hide box, climbing branches, rocks, basking platforms, docks? Include these in the plan.

How often are these cleaned and how?

**Heat sources**

Describe the heating of the water and other heat sources.

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

If known, what is the temperature of the water and on the enclosure's basking platform (NOT just what the thermostat is set at)?

**Lighting**

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

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

 **Water**

What sort of filtration does your tank set-up have?

How often and what type of water quality testing do you do?

How often is the water changed?

 **More about your turtle**

How often do you check your turtle?

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

 **Reproduction**

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

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

**Food**

What diet do you feed & how often? Is the food fed live or frozen/thawed?

(Try to provide an estimated percentage of the diet for each item)

List any supplements, vitamins, minerals, tonics, medicines, probiotics etc. How are these given?

How long have you fed your turtle this diet?

What was the previous diet? (if applicable)

What is your turtle's favourite food?

How often do you weigh your turtle?

**Medical history**

Has your turtle 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 turtle?

List all past medical problems and treatments used.

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

**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.