

Warranwood Veterinary Centre

The Best of Care for People and their Pets

HOSPITAL REGISTRATION FORM FOR YOUR FROG

To assist us in keeping your frog 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 Mr / Mrs / Ms / Miss

Address

..... Post Code

E-mail

Home Number Mobile Number

Name of Frog Species Age

Sex M / F

Date of Purchase / How long have you had your frog?

Source: Pet shop Friend Breeder Other (please specify)

How did you hear about us? Friend Other Clinic Internet

Other (please specify)

Do you keep other frogs, amphibians or reptiles?

If so, please give details of their type, sex, date of acquisition and any problems they have had recently. Do any of these live in the same enclosure as the patient brought today?

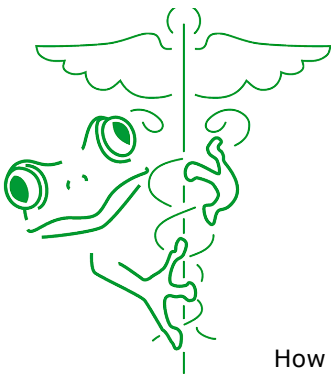
What other pets do you have?

YOUR FROG'S ENVIRONMENT

Where is the aquarium in the house? – **Draw a plan of the room on the back of this page** indicating how close windows (double-glazed?), doors and sources of heat are. Include sizes if possible.

Do you take the frog outside for access to natural light? If so, please provide details.

What plants, if any, does your frog have access to?



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Describe any changes in household since you acquired your frog.

How often do you check the enclosure?

How is the enclosure cleaned? How often? **LIST** the disinfectants used.

Do you test the water quality? How & how often? (eg aquarium test kit, pH, nitrite)

What **type of filter** do you use in the enclosure (eg under gravel, box)

Enclosure/Aquarium Furniture

What is the enclosure furniture e.g. caves, basking areas? **Please draw a plan of the enclosure overleaf**

What is the **size** of the enclosure/aquarium?

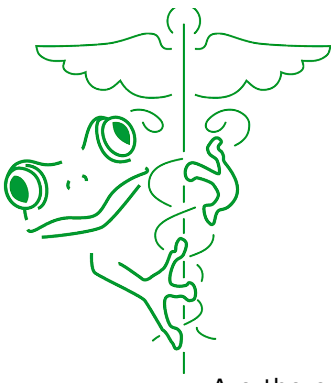
How often are these cleaned and how (what disinfectant do you use etc)?

How often do you change the aquarium water? How much is changed/replaced each time?

Describe the land area. What is it composed of and how often is it changed.

Heat sources

Describe the heating of the aquarium.



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Where are the heat/basking lamps situated (indicate in cage plan) & what temperature does it reach directly underneath the light?

Are there thermometers and, if so, where are they positioned? **What temperature is the water** set at?

What temperature is it under the heat lamp (if present)?

Lighting

Describe the lighting, including UV (*BRAND and STRENGTH*) and access to natural sunlight – *NOT through glass or perspex*. When was the UV light changed?

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

YOUR FROG

How often do you check your frog?

How often is your frog handled?

REPRODUCTION

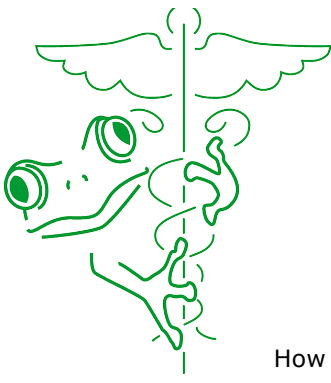
What is your frogs breeding history?

Does it display sexual activity?

FOOD

What diet do you feed? (Indicate **the percentage** of the diet that **each item occupies**)

How often do you feed your frog?



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List any supplements, vitamins, minerals, tonics, medicines, probiotics etc.
Are these given in food or in water? If so, how often?

How long have you fed this diet?

What was the previous diet?

What is your frog's favourite food?

MEDICAL HISTORY

Who are the veterinary surgeons that have previously treated your frog?

When was the last faecal & blood tests (if any) done on your frog? Detail any abnormalities found. *(We recommend twice yearly faecal examination & blood screening as required)*

Briefly list all past medical problems, including dates and medications. (Include referral letter or history from previous vet, if possible)

Describe the current problem with your frog (i.e. why you are here!)

How long has this problem been present & is it getting better or worse?

Is there anything else that you think is important for us to know?

THANK YOU FOR FILLING OUT THIS DETAILED FORM!

***Please note that payment is required at time of consultation
We do not accept cheques***

Payment Method (***Please circle***): CASH EFTPOS CREDIT CARD