

Warranwood Veterinary Centre

The Best of Care for People and their Pets

HOSPITAL REGISTRATION FORM FOR YOUR TURTLE

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

Address

..... Post Code

E-mail

Home Number Mobile Number

Name of Turtle Species Age

Sex M / F

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

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 reptiles?

If so, please give details of their type, sex, date of acquisition and any problems they have had recently.

What other pets do you have?

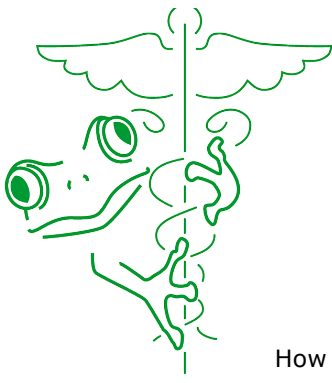
YOUR TURTLE'S ENVIRONMENT

Is the turtle confined in an aquarium or at times allowed to wander in the house?

If allowed out, where?

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

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



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Describe any changes in household since you acquired your turtle.

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?

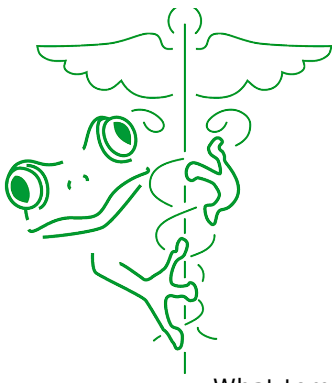
How often are these cleaned and how (what disinfectant do you use etc)?

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

Heat sources

Describe the heating of the aquarium.

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



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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, when last changed*) and access to natural – *NOT through glass or perspex* - sunlight). How **often** is the UV light changed?

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

YOUR TURTLE

How often do you check your turtle?

How often is your turtle handled?

REPRODUCTION

What is your turtle's breeding history?

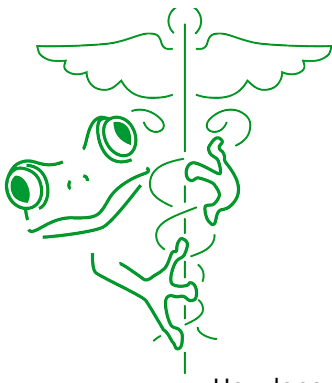
Does it display sexual activity?

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

FOOD

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

How often do you feed your turtle?



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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 turtle's favourite food?

MEDICAL HISTORY

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

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

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 turtle (ie 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