



Amphibian Husbandry & Medical History Form

Please answer these questions with as much detail as possible. The health of our exotic animals is closely linked with their environmental conditions, and providing accurate information helps your pet's medical team understand more about their condition!

Date Completed: _____

1. Pet Ownership & Origin

How long have you owned this pet? _____

Origin: Captive-bred Wild-caught Unknown

Source (store, breeder, etc.): _____

Sex Determined: No Yes – If yes, how was sex determined?: _____

2. Household & Pet Contact

Other pets in household (★ if they come in contact with this amphibian):

If you own multiple amphibians:

- Most recent addition (date): _____ Species: _____

Contact with other amphibians in past 90 days? No Yes

Was quarantine performed? No Yes — Duration: _____

Any immunocompromised individuals in the home (i.e. children <5 years, elderly persons, HIV/AIDS patients, cancer patients)? No Yes

Illness in household (humans or animals) in past 30 days? No Yes

Exposure to smoke, aerosols, or scented products? No Yes

3. Handling & Environment

Handling frequency: _____

Outdoor access? No Yes

Cage type and dimensions: _____

Cage location: _____

Cage ceiling/cover: _____

Substrate type: _____

Cage decor (such as rocks, plants, logs, etc.): _____

Decor rotation frequency: _____

Cleaning frequency: _____ Cleaner/disinfectant: _____

Environmental changes in last 3 months: _____

4. Nutrition & Hydration

Vegetables: _____ Amount: _____ Frequency: _____

Flowers: _____ Amount: _____ Frequency: _____

Fruits: _____ Amount: _____ Frequency: _____

Rodents: _____ Amount: _____ Frequency: _____

Insects: _____ Amount: _____ Frequency: _____

Commercial diet (e.g. pellets, flakes, wafers): _____

Gut-loading/supplements for insects? Supplement type/frequency: _____

Other nutritional supplements & frequency: _____

5. Water Parameters & Maintenance

Water additives/dechlorination method: _____

Water quality testing done? No Yes — How often & type of tests performed: _____

Last water quality readings – Date tested: _____

- Salinity: _____ pH: _____ Nitrite: _____

- Nitrate: _____ Ammonia: _____ Oxygen: _____

Water Temperature: _____

Water Temp Measurement method (e.g. temperature gun, thermometer, heat tape, other): _____

Heat source: _____

Water change frequency: _____ % changed: _____

Filtration: Biological Chemical Ozone Mechanical UV Light

Oxygenation of water? No Yes — Method: _____

Cleaning frequency: _____

Cleaning agents used: _____

6. Temperature, Lighting, and Humidity

Cage temperature gradient (highest and lowest temperatures): _____

Temperature measurement method/instrument used: _____

Heat source(s) and wattage: _____

Day/Night temperature difference: _____

Supplemental lighting and bulb type: _____

Humidity level: _____ Measurement method/instrument used: _____

7. Medical Questionnaire

Reason for visit: _____

Duration of issue: _____

Previous medical problems? No Yes: _____

Medical treatments in past 30 days? No Yes: _____

Last veterinary visit date and reason: _____

Behavioral changes? No Yes: _____

Appetite/drinking changes? No Yes: _____

Changes in droppings? No Yes: _____

Date of last water change: _____

Recent water parameter changes (salinity, pH, ammonia, nitrate, nitrite): _____

Other observations: _____