

## Reptile Sitting Information Sheet

*Please till out one form for each reptile so that we may provide the best possible care for your pet. Thank			
Owner/Reptile Name:	Male / Female Colors/Markings:		
Type of Reptile Location of Cage:  Temperature of warm side: Temperature of cool side:  Do you have thermometers: □ Yes □ No * please use a real thermometer, stick on thermometers are not accurate			
		Does the cage need to be heated at night:   □ Yes	s □ No
		Does the bulb need to be changed to a dim light b	ulb: □ Yes □ No
If your bulb burns out, where is the replacement b	ulb: Bulb Type:		
If temperature is good, would you like your reptile	to play outside: □ Yes □ No		
Feeding Time: Treats:			
Cage changing instructions.			
Favorite Toys/Games:			
Is animal allowed outside cage: $\ \square$ Yes $\ \square$	□ No □		
Instructions for out of cage play time:			
Would your reptile like a shower or misting:	Yes □ □ No □		
Bathing instructions:			
Precautions (other animals, people, biting):			
Anything else we should know:			
*This form will be kept on file for all future visits. If anything o	changes, you will remark so on the vacation/trip log at each visit booking.		
I,, have entered the	above information as truthfully and accurately as possible		
	Client Signature Date		