

Chelonian Case History Form

To help the vet understand your pet's care, please fill this information prior to your appointment and return it to reception@jamesstreetvets.co.uk

About your pet

Breed: Age: Sex: Male ☐ Female ☐ Unknown ☐

Length (in cm): Weight (in kg):

Are they in contact with any other animals? Yes ☐ No ☐

If yes, please provide details:

How long have you owned the animal? Was the animal: Captive bred ☐ Imported ☐ Unknown ☐

CITES paperwork: Yes ☐ No ☐ Is the animal hibernated? Yes ☐ No ☐ If yes, last hibernation:

Awoken on: Check before hibernation? Yes ☐ No ☐ Weight before hibernation (in kg):

Last bathed:

About their home

Where are they kept? Indoor ☐ Outdoor ☐

If indoors Vivarium size and material:

Heat source: Temperature range: Day: Night:

Thermostat: Yes ☐ No ☐ Thermometre: Yes ☐ No ☐

UV source: Last time UV source changed:

If outdoors Is there shelter at night? Yes ☐ No ☐

About their diet

Diet: Last feed:

Water source: Supplements:

Describe their droppings: Last time passed droppings:
(Consistency, frequency)

Last wormed:

History and concerns

Previous history of illness and/or treatments:

Current concerns: