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TORTOISE CASE HISTORY INFORMATION FOR CLIENTS

SPECIES _____ AGE _____ SEX MALE/FEMALE

WEIGHT _____ kg. LENGTH _____ .cm. JACKSONS RATIO _____ NORMAL/UNDERWEIGHT/OVERWEIGHT

CONTACT WITH OTHER REPTILES YES/NO (IF YES) MALE/FEMALE

IF YES SPECIES _____ SEX MALE/FEMALE

HOW LONG OWNED _____ CAPTIVE BRED/ IMPORTED/UNKNOWN.

SOURCE WAS PET SHOP/ BREEDER/ FRIEND /OTHER CITES PAPERWORK YES/NO

IDENTIFICATION/ NUMBER (MICROCHIP ETC) _____ POSITION OF ID (E.G LEFT HIND LEG) _____

WHERE HOUSED INDOOR/OUTDOOR IF INDOORS, VIVARIUM SIZE/MATERIAL _____

SOURCE OF HEATING _____ TEMPERATURE RANGE DAY _____ NIGHT _____

THERMOSTAT YES/NO THERMOMETER YES NO UV LIGHT MAKE _____ LAST CHANGED _____

IF OUTDOORS, IS THERE A SHELTER FOR NIGHT TIME YES/NO IS THE TORTOISE HIBERNATED YES/ NO

IF YES, WHEN LAST HIBERNATED _____ WHEN AWOKE _____ WHERE HIBERNATED _____

CHECK BEFORE HIBERNATION YES/NO WEIGHT WAS _____ KG

DIET (FULL DETAILS INCLUDING SOURCE) _____

LAST MEAL _____ SUPPLEMENTS _____ LAST GIVEN _____

HOW OFTEN BATHED _____ LAST BATH _____

DROPPINGS (DETAILS, COLOUR CONSISTENCY, NORMAL/ABNORMAL) _____

URINE _____ URATES _____ FAECES _____

LAST WORMED _____

PREVIOUS HISTORY OF ILLNESS OR INJURY _____

OWNERS CURRENT CONCERN _____