

Specimen Care Information Sheet

Specimen ID#: _____ Specimen Ref#: _____ Enclosure # : _____

Species: _____

Common Name: _____

Specimen Gender: _____

Color / Pattern Phase: _____

Intergrade (If Applicable) : _____

Incest Bloodline (If Applicable) : _____

Date Obtained: ____/____/____

Source Obtained: _____

Location Obtained: _____

Approximate Specimen Age : _____

Diet : _____

Feeding Interval : _____ Days.

Ambient Daytime Temperature : _____

Basking Daytime Temperature : _____

Ambient Nighttime Temperature : _____

Basking Nighttime Temperature : _____

Average Daytime Humidity : _____%

Average Nighttime Humidity : _____%

Comments :

Total Health Rating When Obtained :

☐ Critical

☐ Severe

☐ Poor

☐ Fair

☐ Good

☐ Excellent

Total Health Percentage Rating When Obtained: _____ %

Intake Health Examination Performed By: _____

Intake Health Examination Performed On: ____/____/____