

# Aquatic Husbandry

Your Name

## Pet Information

## Pets Name

What species is your pet? (**Please be specific** - Red-eared Slider, Musk Turtle, Axolotl etc.)\_\_\_\_\_

Is your aquatic pet a specific morph?\_\_\_\_\_

Age:\_\_\_\_\_ Hatch Date (If Known):\_\_\_\_\_ Gender: M F Unknown

How long have you had this pet?:\_\_\_\_\_

Where was this pet acquired?:\_\_\_\_\_

Please list any past health problems:\_\_\_\_\_

Any recent use of pesticides, aerosol sprays, or chemicals being used in the vicinity?  
\_\_\_\_\_

## Diet

What does your pet eat? **Please be as detailed as possible**

Vegetables:\_\_\_\_\_

How much during a single feeding?\_\_\_\_\_

Leafy Greens:\_\_\_\_\_

How much during a single feeding?\_\_\_\_\_

Fruits:\_\_\_\_\_

How much during a single feeding?\_\_\_\_\_

Animal Protein: (Ex. Whole small fish, insects, snails)\_\_\_\_\_

Pelleted Diets: What brand? \_\_\_\_\_ How much? \_\_\_\_\_

Powdered Diets: What brand? \_\_\_\_\_ How much? \_\_\_\_\_

How often do you feed/and or change food?:\_\_\_\_\_

## Supplements

Please check which supplements are given to pet and how often if applicable-

Calcium with Vitamin D3:\_\_\_\_\_

Calcium without Vitamin D3:\_\_\_\_\_

Vitamin A : \_\_\_\_\_

Multivitamin:\_\_\_\_\_

Other:\_\_\_\_\_

**Environment/Housing Please be as detailed as possible**

-What kind of enclosure does your aquatic pet live in? (ex. Glass Tank, Pond, Outdoor enclosure, Custom)

\_\_\_\_\_

-What are the dimensions of the enclosure? (ex. 10x10x12, 12x30x12, 20 g, 40 g)

\_\_\_\_\_

-What substrate is used in the enclosure? (ex. Gravel, pebbles, large rocks, other)

\_\_\_\_\_

-How often is the substrate cleaned or changed completely?

\_\_\_\_\_

-What furniture do you have in the enclosure? (ex. Hides, caves, branches, plants, docks)

\_\_\_\_\_

-Are there any other animals in the enclosure? Y N

If so, what species? \_\_\_\_\_ How many? \_\_\_\_\_

**Lighting and Heat**

-What heat sources are used? (ex. overhead lamp, ceramic heat emitter, aquarium heater)

\_\_\_\_\_

-What are the temperatures in the enclosure?

Basking: \_\_\_\_\_ Ambient: \_\_\_\_\_ Water: \_\_\_\_\_

-What do you use to measure the temperature? (ex. Temperature gun, digital thermometer probe, gauge thermometer) \_\_\_\_\_

-If using overhead lamps, what is the wattage of your bulb (s)? \_\_\_\_\_

-Do you have a UVB light? \_\_\_\_\_ What percent UVB is your light?( ex. 5.0, 10.0) \_\_\_\_\_

-When did you last change your UVB bulb? \_\_\_\_\_

-What type of bulb is it? (ex. linear tube, coil) \_\_\_\_\_

-How long are the bulbs on during the day? \_\_\_\_\_

## Water Quality

-Water Source (ex. Spring, Distilled, Tap, Reverse osmosis) \_\_\_\_\_

-Is any type of water quality testing done? Y N If yes, how often? \_\_\_\_\_

-How is water quality tested?: \_\_\_\_\_

-Please provide latest test results:

Nitrite (NO<sub>2</sub>): \_\_\_\_\_ pH: \_\_\_\_\_

Nitrate (NO<sub>3</sub>): \_\_\_\_\_ Ammonia(ppm): \_\_\_\_\_

-Has the tank been fully cycled? (Nitrogen Cycling): Y N

If so, how long did the tank cycle? \_\_\_\_\_

Water Filtration:

- Sponge Filter
- Internal Filter
- Hang-on-back
- None
- Other \_\_\_\_\_

-How often are filters changed? \_\_\_\_\_

-Are there any pumps used? \_\_\_\_\_

-Are there any water heaters or chillers used? \_\_\_\_\_

If so, what is the average temperature? \_\_\_\_\_

How are temperatures measured? \_\_\_\_\_

-Are partial water changes performed? Y N If yes, how often? \_\_\_\_\_

-Are full water changes performed? Y N If yes, how often? \_\_\_\_\_

-How often is the tank fully cleaned? \_\_\_\_\_

-How often is the tank spot cleaned? \_\_\_\_\_

-What cleaning products are used? \_\_\_\_\_

-Please list any specific concerns or questions you have about your pet's health or husbandry:  
\_\_\_\_\_

**\*\*If you are able to collect one, please bring a fecal sample with you to your appointment.\*\***

**\*\*Please email a photo of your pets Enclosure/Set up to [info@amcoofthevillage.com](mailto:info@amcoofthevillage.com) prior to your appointment**

