



Aquatics • Pets • Reptiles

REPTILE HEALTH CHECK

Animal Purchased _____

Date Purchased _____

Animal Health Check

Body Condition	<input type="checkbox"/>
Eyes, Ears, Skin and Mouth	<input type="checkbox"/>
Toes and Tails	<input type="checkbox"/>
Movement	<input type="checkbox"/>

Any comments regarding the animal's health _____

Customers Details

Name _____

Address _____

Telephone Number _____

Please tick one of these statements

I have purchased the required set-up equipment from Japanese Water Gardens: Yes No

I am over 16 years of age

I have received a care sheet

Declaration:

I have the correct reptile set-up and understand the requirements of the animal.

I am committed to providing all its welfare needs.

I am happy with the health and condition of the animal.

Signed _____

**If you have any concerns or questions, please do not hesitate to contact us on 0115 9397926
We are here to help.**

Name of member of staff performing the check _____