

Tortoise Observation Chart

YEAR 20__ __



Name of Tortoise:

Age and hatching date if known:

Species:

Certificate number if required:

Microchip Number:

Start of Year weight:

End of year weight:

Start of Year Measurement Straight Carapace Length (SCL)

End of year SCL:

Reptile Vet Tel. Number:

Health Issues:

Mated: Yes/No

Mating partner:

Outcome:

UVB lights type:

Date started using:

Date to be replaced:

Date replacement started being used:

Tortoise Observation Chart



Name of Tortoise: _____

DATE	WEIGHT	SCL	EYES	NARES	TAIL	SHELL	MOUTH	OBSERVATIONS