

Date:

Reptile History Form

It is important to provide an accurate history of your pet in order to receive the best treatment options available.

Please provide information to the questions below.

1. Patient Information

Name: _____

Species: _____

Date of birth/hatch: _____

Gender: Male Female Unknown

Spayed/Neutered: Yes No Unknown

How do you know the gender of your reptile? DNA Surgically Physical Traits Probe Ultrasound

Where did you obtain your reptile? Breeder Pet Store Friend/Family Rescue Found/Caught

How long have you had your reptile? _____

What other pets are kept in the house? _____

2. Environment

What type of enclosure does your reptile live in? _____

What are the dimensions of the enclosure? H: _____ xW: _____ x L: _____

What type of cage furnishings do you have? Check all that apply.

Natural branches	Fake branches	Foliage
Real plants	Stones	Dig box
Water bowl	Hide box	Other: _____

What is on the bottom of the enclosure? Check all that apply.

Newspaper	Corn cob	Kitty litter
Towel	Tile	Paper towel
Wood shavings/chips	Rubber mat	Indoor/outdoor carpet
Dirt	Moss	Bare gravel
Calci-sand	Plan sand	Other: _____

What is the temperature? Day _____ Night _____ Basking site _____

Thermostat: ___ Yes ___ No Thermometer: ___ Yes ___ No Location: _____

Hygrometer: ___ Yes ___ No

How do you heat the enclosure? Check all that apply.

Light bulbs	Heat cable	Heat tape
Under tank heaters	Hot rock	Ceramic heat emitters
Mercury bulbs	Room heater	Water heater

Other: _____

What is the humidity of the environment? _____

How do you control the humidity? ___ Humidifier in room ___ Mister/fogger ___ Drip system ___ Spraying

How is water offered? ___ Dish ___ Tray ___ Dropper/mister ___ Portion of cage ___ Aquatic ___ Soaking

How is water filtered? ___ In-tank filter ___ Bio-wheel ___ Canister ___ None

How often is the water changed? _____

What strength of UVB bulb do you have? ___ 2.0 ___ 5.0 ___ 10.0 How often do you replace it? _____

Does your pet get natural sunlight? ___ Yes ___ No If yes, how? ___ Outdoors ___ Window How long? _____

How long are the lights on/off? Day: _____ Night: _____

3. Diet

What do you feed your pet? _____

How often do you feed your pet? _____

How often does your pet defecate? _____

Do you use: ___ Calcium ___ Calcium with phosphorus ___ Calcium with D3 ___ Multi-vitamin

If applicable, how often do you use calcium? _____ Multi-vitamin? _____

4. Reason for Presentation Today

What is the primary complaint or what signs have you noticed? _____

How long have these problems been present? _____

What health problems has your pet had previously? _____

Has your pet received any treatment in the last 30 days? ___ Yes ___ No

If yes, please give details (what was used, dosage, duration, frequency, etc.) _____

Have you noticed any changes in your pet's behavior? ___ Yes ___ No

Have any other animals or persons in the household had any illness in the last 30 days? ___ Yes ___ No

If yes, please describe: _____
