



Reptile History Form

TODAY'S DATE

/ /

1. Patient Information

Reptile name or identification: _____

Common or scientific species name: _____

Date of birth: _____ Age: _____ Sex: M F neutered/spayed unknown

Origin: captive bred wild caught import unknown

How long have you had this animal? _____

From where did you obtain this animal? _____

Does your reptile have a reproductive history? N Y , please give details; _____

When did your reptile last shed? _____ How often has your reptile been shedding? _____

Do you have any other reptiles or pets? N Y , please give details; _____

Have you or your reptile had any contact with other reptiles in the last 30 days? N Y , please give details; _____

When was the last reptile added to your collection? _____

2. Reason for Visit

What is the primary complaint or what signs you have noticed? How long have these problems been present?

What health problems has your reptile had previously? _____

Has your reptile received any treatment in the last 30 days? N Y , please give details (what was used, dosage, how often, duration)? _____

Have you noticed any change in your reptile's behavior? N Y , please give details _____

Have any other animals or persons in the household had any illness in the last 30 days? _____

3. Cage Environment

What type of cage is used? arboreal (tall, climbing) terrestrial aquatic Cage size: _____

What is the cage made of? plastic/fibreglass wooden metal glass other: _____

What décor and furnishings are present? _____

Is there additional ventilation (grills or mesh)? N Y , please give size/details; _____

Are bathing facilities provided? N Y , please give details; _____

How often is the cage cleaned? _____

What cleaning/disinfectant agents are used? _____

What heating equipment is used?

Ceramic/infrared , power _____ W thermostat control: N Y

Spot light/bulb , power _____ W thermostat control: N Y

Heat mat , size: _____, under cage or inside cage thermostat control: N Y

Aquarium water heater , power _____ W thermostat control: N Y

Other heaters, please give details; _____

Are the heat sources screened from the animals? N Y , please give details; _____

Can the animal(s) touch or access the heat source? N Y , please give details; _____

Is additional lighting provided inside the cage? N Y

If yes, what type of light is used? Light bulb Fluorescent strip light

What is the model and manufacturer? _____

When was the light last replaced? _____

Are the lights screened from the animals? N Y , please give details; _____

Can the animal(s) touch or access the lights? N Y , please give details; _____

How many hours of light are provided each day? _____

Is there ever access to direct sunlight (not through glass or plastic)? N Y

If yes, how many hours per day or per week? _____

Do you measure the humidity in the cage? N Y , if yes what is the humidity level? _____

What are the day time temperatures? Hottest area, basking area = _____ Coolest area = _____

What are the night time temperatures? Hottest area, basking area = _____ Coolest area = _____

Are these temperatures measured using a thermometer? Y N

Does anyone in the household smoke? N Y

Do you use any aerosolized products? N Y

Have there been changes in the reptile's environment in the last 3 months? N Y , please give details _____

4. Diet

How often do you feed your animal? _____

Indicate which foods are eaten and in what amounts (by number, weight, or approx volume):

Plant material: Vegetables type and amount per feed; _____

Frozen/thawed fresh other

Flowers type and amount per feed; _____

Frozen/thawed fresh other

Fruits type and amount per feed; _____

Frozen/thawed fresh other

Insects: crickets _____, locusts _____, mealworms _____, waxworms _____,

earthworms _____, others; _____

Rodents: Mice type and number per feed; _____ Freshly killed

Rats type and number per feed; _____ Frozen/thawed

Birds or fish, please give details; _____ Live prey

Do you feed any wild animals to your animal? N Y , please give details; _____.

Any other food items fed? Please give details; _____.

Do you use any nutritional supplements? N Y , if yes what, how much, and how often; _____.

What water supply do you provide? tap water bottled water rain/river water

How is water provided? bowl dripper system spray , how often; _____.

How often is the water changed? _____.

Do you use any water supplements? N Y , please give details; _____.

Have you noticed any changes in feeding or drinking behavior? Please give details; _____.

Have you noticed any changes in droppings (fecal material, urine and urates)? Please give details; _____.

Any other comments or information;