

Reptile History Form

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|------|-----------|----------|
| Date | Last Name | Pet Name |
|------|-----------|----------|

A detailed history is essential to provide the appropriate veterinary care for your reptile. Please complete this form as accurately as possible. If there is anything you are unsure about, you can discuss it in more depth with the veterinarian during your appointment.

Patient Information

Common or Scientific Species Name:

Gender: Male Female Unknown

Date of birth/hatch: _____ Date acquired: _____

How big was the reptile when you first acquired it?

Source (pet store, breeder, previous owner):

Captive Bred Wild Caught

Number of previous owners (other than breeder, store):

What states and countries has your reptile lived in?

When was the last shed? Was it normal?

Previous conditions, problems, or operations (List date if known):

Has your reptile ever been tested or treated for internal or external parasites? Yes No

If yes, please describe dates and medications used:

Environment

Where is this reptile kept in the house?

Enclosure (cage type, size):

What is on the bottom of the cage?

What types of hiding places are provided?

List species of live plants:

Is there a soaking/swimming tub?

Please describe any other furnishings:

How often is the cage cleaned, and what cleaning products are used?

Do you have other pets? Yes No

List other animals that are kept in the same cage:

Recent acquisitions (new pets within the past 6 months) – provide species, date, and source:

List any other pets you have:

Are any of your other pets ill? Yes No

Aquatic Species

How often is the water changed?

What type of filtration is used?

Do you use a dechlorinator or any other type of water treatment?

List recent changes in the environment (if any):

Diet

What percent of your reptile's diet consists of the following (please describe what the reptile actually eats, rather than what is offered):

Vegetables ____% Types:

Fruit ____% Types:

Insects, mealworms, etc. ____% Types:

Are they "gut loaded" or dusted before feeding to your reptile? Describe:

Rodents, chicks, etc. ____% Types & source:

Are they fed live, killed or frozen?

Pellets, commercial diet or canned food ____% Types

Other ____% Describe:

Diet – cont.

How often do you feed your reptile?

Please list any supplements used. How are they given and how often?

Does your reptile eat anything other than its intended diet (i.e. the cat's food, houseplants)?

How is water offered (i.e. dish, misting, drip system)?

Please list any recent additions/changes in the diet:

Reproductive

Do you plan on breeding this reptile? Yes No Maybe

How many clutches/litters has this reptile produced? _____ Were they healthy? Yes No

When was the most recent clutch/litter? _____ How many eggs/babies were laid? _____

Were they normal? Yes No If no, were they: Thin shelled Misshapen

Were the offspring healthy? Yes No If no, please describe:

Has your reptile ever had difficulty laying? Yes No Describe:

Lighting

Does your reptile receive sunlight? Yes No Estimated hours per week: _____

Does the sunlight pass through glass or plastic before reaching the reptile? Yes No

Artificial lighting:

Incandescent ("screw-in" bulbs): Watts _____ Hours per day _____

Fluorescent (tube bulbs): Brand(s) _____

Hours per day _____

How often are the fluorescent bulbs changed?

Temperature

Do you have a thermometer(s) in the cage? Yes No

What is the temperature in the warmest part of the cage? _____ In the coolest part? _____

What devices are used to maintain the temperature:

Hot rock Heating pad Warm room Heat light Ceramic heater Aquarium heater

Other :

Is there a thermostat? Yes No

Is the temperature decreased at night? Yes No If yes, by how much?

Humidity

Is the cage misted? Yes No Is the humidity measured? Yes No Range:

How much time does your reptile spend outside of the enclosure?

Is your reptile supervised when it is out? Always Sometimes Never

Is supplemental heating provided outside the cage? Yes No Type:

Have you ever noticed your reptile eat any household objects?

Is the reptile ever taken outside? Yes No

Does your reptile hibernate? Yes No Non-hibernating species

Please describe the duration, temperature, and monitoring that you provide during hibernation:

Today's Visit

What is your reptile here for today? Wellness Exam Sick If your reptile is sick, please describe the signs and how long your reptile has been showing these signs:

Is your reptile's activity level: Normal Decreased Increased

Is your reptile's appetite: Normal Decreased Increased

Have you noticed any of the following: Weight loss Weight gain Discharge from the eyes

Discharge from the nose Increased breathing rate or effort Change in droppings Weakness

Abnormal skin color or shedding Parasites on the skin or in the stool Unable to walk properly

Have you used any medications from the pet store? Yes No If yes, please explain:

Has your bird been seen by another veterinarian for any of the current problems? Yes No

If yes, when? _____ Please list the tests performed and medications given:

Are there any other questions or concerns?
