

# Reptile History Form

Date	Last Name	Pet Name
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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:

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Gender: Male  Female  Unknown

Date of birth/hatch: \_\_\_\_\_ Date acquired: \_\_\_\_\_

How big was the reptile when you first acquired it?

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Source (pet store, breeder, previous owner):

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Captive Bred  Wild Caught

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

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What states and countries has your reptile lived in?

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When was the last shed? Was it normal?

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

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

If yes, please describe dates and medications used:

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**Environment**

Where is this reptile kept in the house?

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Enclosure (cage type, size):

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What is on the bottom of the cage?

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What types of hiding places are provided?

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List species of live plants:

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Is there a soaking/swimming tub?

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Please describe any other furnishings:

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

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Do you have other pets? Yes  No

List other animals that are kept in the same cage:

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

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List any other pets you have:

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Are any of your other pets ill? Yes  No

**Aquatic Species**

How often is the water changed?

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What type of filtration is used?

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

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List recent changes in the environment (if any):

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**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:

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Fruit \_\_\_\_\_%    Types:

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Insects, mealworms, etc. \_\_\_\_\_%    Types:

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

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Rodents, chicks, etc. \_\_\_\_\_%    Types & source:

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Are they fed live, killed or frozen?

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Pellets, commercial diet or canned food \_\_\_\_\_%    Types

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Other \_\_\_\_\_%    Describe:

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**Diet** – cont.

How often do you feed your reptile?

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

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

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

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Please list any recent additions/changes in the diet:

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**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:

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

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**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?

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**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 :

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Is there a thermostat? Yes  No

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

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**Humidity**

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

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

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

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

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Have you ever noticed your reptile eat any household objects?  

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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:  

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**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:

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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:

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

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

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Are there any other questions or concerns?

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