



REPTILE HISTORY FORM

(Please print)

Today's date: _____

Instructions: An accurate history of your pet and their environment is extremely important. We would appreciate your cooperation in providing us with the following information. Please check the appropriate boxes or use the spaces provided. Thank you.

1. Patient information

Species: _____ Patient Name: _____

Date of birth/hatch? _____ OR Estimated age? _____

Wild caught or captive bred? _____

Date acquired? _____ Source (pet store, breeder, etc)? _____

How big was the reptile when you first acquired it (weight/length)? _____

When was the last shed? _____ Was it normal? Yes No, describe: _____

Gender: Male Female unknown

If female, answer questions a-c, otherwise skip to next:

a) Do you plan on breeding this animal? Yes No Unsure

b) How many clutches/litters has this reptile produced? _____

When was the most recent clutch/litter? _____

How many eggs/babies were laid? _____

c) Any reproductive problems with this animal or any problems with her offspring (if yes, please describe)? _____

2. Environment

Where is this pet kept in the house? _____

Enclosure:

Cage: type and size: _____

What is on the bottom of the cage? _____

Is there a soaking/swimming tub? Yes No

Please describe any hiding places, live plants, other furnishings in the cage? _____

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

Aquatic Species: Skip to lighting section if not relevant

How often is the water changed? _____

What type of filtration is used? _____

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

Lighting:

Does your reptile receive sunlight? Yes No

If YES: Estimated hours per week: _____

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

Please describe any artificial lighting: including types, strength, frequency changed, and hours per day? _____

Temperature:

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

Is there a thermostat? Yes No

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

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

What devices are used to maintain the temperature? Hot rock Heat pad Warm room

Heat light Ceramic heater Aquarium heater Other: _____

Humidity:

Is the cage misted? Yes No If YES, how often? _____

Is the humidity measured? Yes No Range: _____

How much time does your reptile spend outside of their enclosure? _____

Is your reptile supervised when it is out? At all times Sometimes No

Is supplemental heating provided outside the cage? Yes No If YES, type? _____

Is your reptile ever taken outdoors? Yes No

Have you ever noticed your reptile eat foreign objects (sticks, bedding, chew walls, etc)? _____

Does your reptile hibernate? Yes No

Describe duration, temperature, and any monitoring provided during hibernation: _____

Are there any other pets in the household? Yes No

If YES, what type(s)? _____

Are any kept in the same cage? Yes No If YES, which? _____

Please note any recent changes to your pet's environment (including new pets)? _____

3. Diet/Medications

For this reptile, please list the amount fed/given and at what frequency for the following:

Vegetables, fruits (include types): _____

Insect, mealworms, etc: _____

Are they gut loaded or dusted: Yes No If YES, describe: _____

Rodents, chicks, etc (include types and source): _____

Are they fed: Live Fresh Killed Frozen/Thawed

Pellets, commercial diets, or canned food (include types): _____

Other (please describe)? _____

Please list any supplements used, including types and frequency: _____

Does your reptile eat anything other than its intended diet (ie cat's food, house plants)? _____

How is water offered (ie dish, misting, drip system)? _____

Please list and describe any recent additions or changes to the diet? _____