



# 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? \_\_\_\_\_

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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: \_\_\_\_\_

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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)? \_\_\_\_\_

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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? \_\_\_\_\_