Reptile History Form

It is important to provide an accurate history of your pet in order to receive the best treatment options available. Please provide information to the questions below.

1. Patient Information

Name: ________________________________________________

Species: ________________________________________________

Date of birth/hatch: ______________________________________

Gender: □ Male  □ Female  □ Unknown

Spayed/Neutered: □ Yes  □ No  □ Unknown

How do you know the gender of your reptile? □ DNA  □ Surgically  □ Physical Traits  □ Probe  □ Ultrasound

Where did you obtain your reptile? □ Breeder  □ Pet Store  □ Friend/Family  □ Rescue  □ Found/Caught

How long have you had your reptile? ________________________________________________

What other pets are kept in the house? ________________________________________________

2. Environment

What type of enclosure does your reptile live in? ________________________________________________

What are the dimensions of the enclosure? H: _____ xW: _____ x L: _____

What type of cage furnishings do you have? □ Natural branches  □ Fake branches  □ Foliage  □ Real plants  □ Stones

□ Dig box  □ Water bowl  □ Hide box  □ Other: _______________________

What is on the bottom of the enclosure? □ Newspaper  □ Corn cob  □ Kitty litter  □ Towel  □ Tile  □ Paper towel

□ Wood shavings/chips  □ Rubber mat  □ Indoor/outdoor carpet  □ Dirt

□ Moss  □ Bare gravel  □ Calci-sand  □ Play sand  □ Other: _______________________

What is the temperature? Day: _______ Night: _______ Basking site: ___________________

Thermostat: □ Yes  □ No  Thermometer: □ Yes  □ No  Location: ___________________ Hygrometer: □ Yes  □ No

How do you heat the enclosure? □ Light bulbs  □ Heat cable  □ Heat tape  □ Under tank heaters  □ Hot rock

□ Ceramic heat emitters  □ Mercury bulbs  □ Room heater  □ Water heater

□ Other: _______________________

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What is the humidity of the environment?  

How do you control the humidity?  □ Humidifier in room   □ Mister/fogger   □ Drip system   □ Spraying

How is water offered?  □ Dish   □ Tray   □ Dropper/mister   □ Portion of cage   □ Aquatic   □ Soaking

How is water filtered?  □ In-tank filter   □ Bio-wheel   □ Canister   □ None

How often is the water changed?  

What strength of UVB bulb do you have?  □ 2.0   □ 5.0   □ 10.0   How often do you replace it?  

Does your pet get natural sunlight?  □ Yes   □ No   If yes, how?  □ Outdoors   □ Window   How long?  

How long are the lights on/off?  Day:   Night:  

3. Diet

What do you feed your pet?  

How often do you feed your pet?  

How often does your pet defecate?  

Do you use:  □ Calcium   □ Calcium with phosphorus   □ Calcium with D3   □ Multi-vitamin

If applicable, how often do you use calcium?  Multi-vitamin?  

4. Reason for Presentation Today

What is the primary complaint or what signs have you noticed?  

How long have these problems been present?  

What health problems has your pet had previously?  

Has your pet received any treatment in the last 30 days?  □ Yes   □ No

If yes, please give details (what was used, dosage, duration, frequency, etc.)  

Have you noticed any changes in your pet's behavior?  □ Yes   □ No

Have any other animals or persons in the household had any illness in the last 30 days?  □ Yes   □ No

If yes, please describe:  

Thank you!