



## REPTILE HISTORY FORM

**A detailed history is essential to provide the most appropriate veterinary care for your animal. 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 veterinary staff during your appointment.**

Patient's Name or Identification \_\_\_\_\_

Common and/or scientific species name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ or estimated age: \_\_\_\_\_

Sex: M  F  Sex Unknown  Neutered/Spayed

Origin: Captive Bred  Wild Caught Import  Unknown

From where did you obtain this animal? \_\_\_\_\_

How long have you had this animal? \_\_\_\_\_

How big was reptile when acquired, compared to now? \_\_\_\_\_

Does your herp have any history of breeding or laying eggs? Yes  No  If yes, please give details: \_\_\_\_\_

When did your herp last shed? \_\_\_\_\_ How often has your herp been shedding? \_\_\_\_\_

Do you have any other herps or pets? Yes  No  Please give details \_\_\_\_\_

Have you or your herp had any contact with other herps in the last 30 days? Yes  No

Please give details \_\_\_\_\_

When was the last herp added to your collection? \_\_\_\_\_

### **Medical Info.:**

What signs have you noticed that prompted today's visit? \_\_\_\_\_

How long have these problems been present? \_\_\_\_\_

What health problems has your herp had previously? \_\_\_\_\_

When and why did your herp last see a veterinarian? \_\_\_\_\_

Has your herp received any treatment in the past 30 days? Yes  No  If yes, please give details (what was used, dosage, how often, duration)? \_\_\_\_\_

Have any other animals or persons in the household had any illness in the last 30 days? \_\_\_\_\_

### **Cage Environment:**

What type of cage is used? Arboreal (Tall, Climbing)  Terrestrial  Aquatic  Cage Size: \_\_\_\_\_

What is the cage made of? Plastic/Fiberglass  Wooden  Metal  Glass  Other: \_\_\_\_\_

What is the floor substrate? Paper  Corncob  Sand  AstroTurf  Bark  Other: \_\_\_\_\_

What décor and furnishings are present? \_\_\_\_\_

Is your herp soaked? Yes  No  If yes, how often? \_\_\_\_\_ OR Tub always available

Can reptile fit entire body into tub? Yes  No

How often is the cage cleaned? \_\_\_\_\_

What cleaning/disinfectant agents are used? \_\_\_\_\_

What heating equipment (below) is used?

Ceramic/Infrared  Power \_\_\_\_\_ W Thermostat Control: Yes  No

Spot Light/Bulb  Power \_\_\_\_\_ W Thermostat Control: Yes  No

Heat Mat  Size: \_\_\_\_\_ Under Cage  Inside Cage  Thermostat Control: Yes  No

Aquarium water heater  Power \_\_\_\_\_ W Thermostat Control: Yes  No

Aquatic Species: How often is H2O filter changed? \_\_\_\_\_

Can the animal(s) touch or access the heat source? Yes  No  Please give details: \_\_\_\_\_

Is additional lighting provided inside cage? Yes  No

If yes, what type of light is used? Light Bulb  Fluorescent Strip Light  Length/Size \_\_\_\_\_

What is the strength and manufacturer? \_\_\_\_\_

When was the light last replaced? \_\_\_\_\_

Can the animals touch or access the lights? Yes  No  Please give details: \_\_\_\_\_

How many hours of light are provided each day? \_\_\_\_\_

Is there ever access to direct sunlight (not through glass or plastic)? Yes  No

If yes, how many hours per day or week? \_\_\_\_\_

Do you measure the humidity in the cage? Yes  No  If yes, what is the humidity level? \_\_\_\_\_

What are the daytime temperatures: Hottest/basking area = \_\_\_\_\_ Coolest area = \_\_\_\_\_

What are the nighttime temperatures? Hottest/basking area = \_\_\_\_\_ Coolest area = \_\_\_\_\_

Are these temperatures measured using a thermometer? Yes  No

Does anyone in the household smoke? Yes  No

Do you use any aerosolized products? Yes  No

Have there been changes in the herp's environment in the last 3 months? Yes  No

Please give details: \_\_\_\_\_

\_\_\_\_\_

**Diet**

How often do you feed your herp? \_\_\_\_\_

Indicate which foods are eaten and in what amounts (by number, weight, or approx.. volume):

Please check box and list amount per feed for foods given:

**Plant Material:**  Vegetables - Frozen/Thawed \_\_\_\_\_ Fresh \_\_\_\_\_ Other \_\_\_\_\_

Flowers - Frozen/Thawed \_\_\_\_\_ Fresh \_\_\_\_\_ Other \_\_\_\_\_

Fruits - Frozen/Thawed \_\_\_\_\_ Fresh \_\_\_\_\_ Other \_\_\_\_\_

**Insects:** Crickets  \_\_\_\_\_ Locusts  \_\_\_\_\_ Mealworms  \_\_\_\_\_ Waxworms  \_\_\_\_\_

Earthworms  \_\_\_\_\_ Other  \_\_\_\_\_

**Rodents:** Mice - Freshly Killed  \_\_\_\_\_ Frozen/Thawed  \_\_\_\_\_ Live Prey  \_\_\_\_\_

Rats - Freshly Killed  \_\_\_\_\_ Frozen/Thawed  \_\_\_\_\_ Live Prey  \_\_\_\_\_

**Birds or Fish:** Please give details \_\_\_\_\_

\_\_\_\_\_

Do you feed any wild animals to your herp? Yes  No  Please give details \_\_\_\_\_

Any other food items fed? Yes  No  Please give details \_\_\_\_\_

Any recent changes in diet? \_\_\_\_\_

Do you give any nutritional supplements? Yes  No  If yes, what, how much, and how often? \_\_\_\_\_

What water supply do you provide? Tap Water  Bottled Water  Rain/River Water  Other  \_\_\_\_\_

How is water provided? Bowl  Dripper System  Spray  How Often? \_\_\_\_\_

How often is the water changed? \_\_\_\_\_

Do you use any water supplements? Yes  No  Please give details \_\_\_\_\_

Have you noticed any changes in feeding or drinking behavior? Please give details \_\_\_\_\_

Have you noticed any changes in droppings (fecal material, urine and urates)? Please give details \_\_\_\_\_

Any other comments for information \_\_\_\_\_