



Reptile History Form

Your Pet's Information:

Name: _____

Common name or species: _____

Date of Birth or estimated age: _____

Origin: Captive bred Wild caught Unknown

Sex: Male Female

Neutered/spayed: No Yes Unknown

How long have you had your pet? _____

From where did you obtain your pet? _____

Do you have other pets or reptiles in the household? No Yes

If yes, please list number and species: _____

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

If yes, give details: _____

When was the last reptile added to your collection? _____

Enclosure Details:

Temperature:

Hottest (basking) temperature: _____

Coolest temperature: _____

Are these temperature measured using a thermometer? No Yes

Do you measure humidity in the cage? No Yes

If so, what is the humidity? _____

What type of cage is used? Arboreal (tall, climbing) Terrestrial Aquatic

What is the cage made of? Plastic Wooden Metal Glass Other _____

What is in the cage set up (décor, toys, ventilation, Substrate, etc) ?

Are bathing facilities/bowls provided? No Yes

How often do you clean the cage and what do you clean it with? _____

What heating equipment is used (ceramic, bulb, water heater, rock, etc)? _____

Can reptile touch or access the heat source? No Yes

Does your reptile have exposure to sunlight (Not through glass or plastic)? No Yes

If yes, how often and how long: _____

Does your pet have exposure to UVA and UVB lighting? No Yes

If yes, gives details on light bulb type and how often do you change bulb:

What is your pet's day and night cycle (hours of sleep)? _____

What percentage of the time does your pet spend in the cage? _____

Is your animal supervised when out of the cage? No Yes

Have there been any changes in the environment in the last 3 months? No Yes

If so, how has it changed?

Diet Details:

How often do you feed your pet? _____

Please indicate which foods are eaten and the approx. volume or percentage:

Vegetables No Yes Type and amount: _____

Flowers No Yes Type and amount: _____

Fruits No Yes Type and amount: _____

Insects No Yes Type and amount: _____

Rodents No Yes Type and amount: _____

Others _____

Are the prey fed: Live Freshly killed Frozen/thawed Wild caught N/A

Do you use any nutritional supplements to food or water? No Yes

If yes, what is it, how much, how often: _____

Water Details:

What water supply do you provide? City tap water Bottled water Well water

How is water provided? Bowl Dripper system Sprayed

How often is water changed? _____

Reason for Visit today

What is the primary reason why you brought your pet in to see a veterinarian today?

Have you noticed any changes in feeding or drinking behavior? No Yes

If yes, please give details:

Have you noticed any changes in droppings? No Yes

If yes, please give details:

When was your pet's last shed?

How often has your pet been shedding?

Has your pet had any previous health problems OR reproductive problems? No Yes

If yes, please give details:

Have any other animals or people in the household been ill within the last 30 days? No Yes

If yes, please give details:

What are current medications?

Has your pet received any medications or treatments in the last 3 months (what was used, dosage, how often and duration):