



Date: _____

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: _____

Continue to next page

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!