

**Veterinary Hospital of the University of Pennsylvania**

**Reptile History Form**

**Date:** \_\_\_\_\_

Instructions: An accurate history of your pet 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: \_\_\_\_\_

Gender: male, female, unknown

Date of birth/hatch: \_\_\_\_\_ Date acquired: \_\_\_\_\_

How big was the reptile when you first acquired it? \_\_\_\_\_

Source (pet store, breeder, previous owner): \_\_\_\_\_

Captive bred or  wild caught?

Number of previous owners (other than breeder, store): \_\_\_\_\_

What states and countries has your reptile lived in? \_\_\_\_\_

**2. Environment**

Where is this reptile kept in the house? \_\_\_\_\_

Enclosure

Cage: type, size: \_\_\_\_\_

What is on the bottom of the cage? \_\_\_\_\_

What types of hiding places are provided? \_\_\_\_\_

List species of live plants: \_\_\_\_\_

Is there a soaking/swimming tub? \_\_\_\_\_

Please describe any other furnishings: \_\_\_\_\_

How often is the cage cleaned, and what cleaning products are used? \_\_\_\_\_

\_\_\_\_\_

Aquatic species:

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. Estimated hours per week \_\_\_\_\_

Does the sunlight pass through glass or plastic before reaching the reptile? yes no

Artificial lighting:

incandescent ("screw-in" bulbs): wattage(s) \_\_\_\_\_ hours per day \_\_\_\_\_

fluorescent (tube bulbs). Brand(s) \_\_\_\_\_ hours/day \_\_\_\_\_

how often are the fluorescent bulbs changed? \_\_\_\_\_

Temperature

Do you have a thermometer(s) in the cage? yes no

What is the temperature in the warmest part of the cage? \_\_\_\_\_ In the coolest part? \_\_\_\_\_

What device(s) are used to maintain the temperature? hot rock, heat pad,

warm room, heat light, ceramic heater, aquarium heater, other: \_\_\_\_\_

Is there a thermostat? yes, no

Is the temperature decreased at night? yes, no, by how much? \_\_\_\_\_

Humidity

Is the cage misted? yes, no. How often? \_\_\_\_\_

Is the humidity measured? yes, no. Range: \_\_\_\_\_

How much time does your reptile spend outside of the enclosure? \_\_\_\_\_

Is your reptile supervised when it is out? always, sometimes, no

Is supplemental heating provided outside the cage? yes, no. Type \_\_\_\_\_

Have you ever noticed your reptile eat any household objects? \_\_\_\_\_

Is the reptile ever taken outside? yes no

Does your reptile hibernate? Please describe the duration, temperature, and monitoring that you provide during hibernation. \_\_\_\_\_

Do you have other pets? yes, no. If yes:

List other animals that are kept in the same cage: \_\_\_\_\_

Recent acquisitions (new pets within the past 6 months) – species, date, source: \_\_\_\_\_

List any other pets you have: \_\_\_\_\_

Are any of your other pets ill? yes, no. \_\_\_\_\_

List recent changes in the environment, if any: \_\_\_\_\_

### 3. Diet

What percent of your reptile's diet consists of the following (please describe what the animal actually eats, rather than what is offered):

Vegetables, fruits \_\_\_\_% list types: \_\_\_\_\_

Insects, mealworms, etc. \_\_\_\_%, list types: \_\_\_\_\_

Are they "gut loaded" or dusted before feeding to your reptile? Describe: \_\_\_\_\_

Rodents, chicks, etc \_\_\_\_%, list types & source. \_\_\_\_\_

Are they fed live, killed, both?

Pellets, commercial diet or canned food \_\_\_\_% list types: \_\_\_\_\_

Other \_\_\_\_%, describe: \_\_\_\_\_

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

Please list any supplements used. How are they given and how often? \_\_\_\_\_

Does your reptile eat anything other than its intended diet (e.g. the cat's food, houseplants)?

How is water offered (e.g. dish, misting, drip system)? \_\_\_\_\_

Please list any recent additions/changes in the diet: \_\_\_\_\_

**4. When was the last shed?** \_\_\_\_\_ Was it normal? \_\_\_\_\_

### 5. Reproductive

Do you plan on breeding this animal? yes, no, possibly

How many clutches/litters has this reptile produced? \_\_\_\_\_

When was the most recent clutch/litter? \_\_\_\_\_ How many eggs/babies were laid? \_\_\_\_\_

Has your reptile every had difficulty laying? yes, no, describe \_\_\_\_\_

Were the offspring healthy? yes, no. If not, describe \_\_\_\_\_

**6. Has your reptile ever been tested or treated for internal or external parasites?** Please describe dates and medications used: \_\_\_\_\_

**7. Previous Conditions, Problems, Or Operations (list with date, if known)** \_\_\_\_\_

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**8. Is your reptile here for a  well pet check-up or is it  sick?**

If your reptile is sick, please describe the signs and how long your reptile has been showing these signs: \_\_\_\_\_

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Is your reptile's general activity level  normal,  decreased, or  increased?

Is your reptile's appetite  normal,  decreased, or  increased?

Have you noticed any of the following?

- Weight loss,  Weight gain
- Discharge from the eyes or nose
- Increased breathing rate or effort
- A change in the droppings
- Abnormal skin color or shedding
- Parasites on the skin or in the feces
- Weakness

Have you used any medications from a pet store? \_\_\_\_\_

**9. Has your reptile been seen by another veterinarian for any of the current problems?**

yes,  no

If yes, when? \_\_\_\_\_

Please list tests performed: \_\_\_\_\_

Please list medications given: \_\_\_\_\_

**10. Is there anything else you would like done today?**

Nail trim

I have questions about: \_\_\_\_\_

Other: \_\_\_\_\_

**\*\*\*Did you know that most reptiles carry Salmonella that can infect humans?\*\*\***

**Please read and keep the attached handout on Salmonella.**

Please initial here that you have received this handout \_\_\_\_\_