

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) _____

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: _____

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 _____