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 ______