



**REPTILE HISTORY FORM**

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

**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): \_\_\_\_\_

**ENVIRONMENT**

Where is the 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? \_\_\_\_\_

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### 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.

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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: \_\_\_\_\_

### 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)? \_\_\_\_\_

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

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

### **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 ever had difficulty laying? yes no, describe \_\_\_\_\_

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

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

\_\_\_\_\_

### **Previous Conditions, Problems, or Operations (list with date, if know)**

\_\_\_\_\_

\_\_\_\_\_

**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

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Weakness

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

Is there anything else you would like done today?

Nail trim \_\_\_\_\_  Other: \_\_\_\_\_

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