



## REPTILE HISTORY FORM

Pet's Name: \_\_\_\_\_ Client: \_\_\_\_\_ Date: \_\_\_\_\_

Species: (please circle)

Snake = **Boa Constrictor** / \_\_\_\_\_ **Python** / **Corn Snake** / **Garter Snake** / **Rat Snake**

Lizard = **Iguana** / **Bearded Dragon** / **Leopard Gecko** / **Uromastyx** / \_\_\_\_\_ **Monitor**

Turtle = **Box Turtle** / **Painted Turtle** / **Red Ear Slider** / \_\_\_\_\_ **Tortoise**

Other: \_\_\_\_\_ Sex: **M** – **F** - **Unknown**

Is this your first reptile? **Yes - No** Date of birth: \_\_\_\_\_ (Circle): **actual/estimate**

When acquired \_\_\_\_\_ Source: \_\_\_\_\_

### Environment

Habitat Dimension: **H** \_\_\_\_\_ **x W** \_\_\_\_\_ **x L** \_\_\_\_\_

Cage Material: **Glass** / **Plexiglass** / **Plastic** / **Wood** / **Wire** / **Other** \_\_\_\_\_

Is a Thermometer in cage: **Y** – **N** Location in Cage: \_\_\_\_\_

Temperature: **Basking Site** \_\_\_\_\_ **F** **Daytime** \_\_\_\_\_ **F** **Nighttime** \_\_\_\_\_ **F**

How is the cage heated? (Circle): **heat lamp** / **ceramic heater** / **hot rock** / **heat pad** / **other**

Humidity level: **<20%** / **20 – 40%** / **40 – 60%** / **60-80%** / **>80%** Method: \_\_\_\_\_

Is there an ultraviolet (UVB) light in the cage? **Yes** – **No** – **Unsure** Size / Watts: \_\_\_\_\_

Does your pet get natural sunlight? **Yes** – **No**

Is anything (glass / plastic) located between light source & reptile? \_\_\_\_\_

Substrate: **Sand** / **Bark** / **Wood shavings** / **Newspaper** / **Astroturf** / **other**: \_\_\_\_\_

Depth of substrate: \_\_\_\_\_ inches Frequency of complete cleaning: \_\_\_\_\_

Do you soak your reptile? **Y** – **N** For how long? \_\_\_\_\_ How often? \_\_\_\_\_

Is cage shared with another animal? **Yes** – **No** What kind? \_\_\_\_\_

Where is the cage located in the house? \_\_\_\_\_

Describe other cage accessories (hiding areas, branches, water bowls, etc)

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Name \_\_\_\_\_

**Nutrition**

Diet (detailed): \_\_\_\_\_

Amount Fed \_\_\_\_\_ Frequency Fed \_\_\_\_\_

Vitamin & Mineral supplements: \_\_\_\_\_

If insects are fed, are they gut-loaded? **Yes – No - not applicable**

Current Appetite: **Normal – Increased – Decreased - Anorexic**

**Medical History**

Please list any current medical problems: \_\_\_\_\_

Current treatments or supplements: \_\_\_\_\_

Please list any previous medical problems: \_\_\_\_\_

Have you noticed changes in (Circle): **stool, appetite, thirst, mobility?**

Describe \_\_\_\_\_

Have you noticed (Circle): **weight loss, weight gain, vomiting/regurgitation, limping, spinal deformity, shedding problems, breathing difficulty, lethargy, inactivity?**

Describe \_\_\_\_\_

**Former Veterinary Visits: Y – N** Date of last visit \_\_\_\_\_

Doctor \_\_\_\_\_ Clinic \_\_\_\_\_

Phone \_\_\_\_\_ Records requested? **Y – N** Received? **Y - N**

Previous Lab Tests / Diagnostics: **Y – N** Date of last Testing \_\_\_\_\_

**Complete Blood Count O Chemistry Profile O Fecal Exam O Bacterial Culture O**

**Radiographs (X-ray) O** Other Tests \_\_\_\_\_

Results Requested? **Yes – No** Sent to Clinic? **Yes – No**

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