

Reptile History Form

Date:

Patient's name:

Age:

Sex:

General information

1. Length of time owned:
2. Where acquired?
 - a. Breeder
 - b. Pet Store
 - c. Wild caught
 - b. Other _____
3. How often is reptile handled?
 - a. Daily
 - b. Occasionally
 - c. Never
4. Last shed:
Frequency of shedding?
Any trouble shedding?
5. Reproductive history if any:
6. Any other reptiles: Y N Species
Housed together? Y N
Any contact with other reptile in the past 6 months
7. Any new reptiles: Y N (If yes was it quarantined? Y N)
8. Any other pets Y N Species
9. Sick animals/deaths recently in collection:

Husbandry

1. Type of enclosure:
Size, dimension, material
2. Where is the enclosure located?
3. Cage substrate:

4. If aquatic: is the water heated, how often is changed, is water testing performed:

5. Bathing:

6. Frequency/ method of cleaning cage:

Disinfectant ?

7. Temperature:

Minimum: Maximum: Basking area:

How often is the temperature measured?

Heat source:

a. Ceramic Power b. Spot bulb, power c. Infrared bulb

Distance from animal:

Heating mat: Y N

a. Inside cage

b. Under cage

Heating Rock Y N

Other heaters used ?

Can animal touch heat source: Y N

8. Humidity level:

How is it measured?

9. Light cycle

Enclosure close to a window

Additional lighting in the cage

10. UVB Y N

a. Fluorescent b. Mercury vapour bulb

Brand type

When was the bulb purchased:

How often is the bulb changed?

Distance from the animal:

Anything between the UVB source and animal? Y N

Any exposure to sun? Y N

Any changes in the reptile environment/enclosure in past 3 months:

Y N

Nutrition:

1. Type of food offered:

2. Amount fed/ frequency:

3. If insects:

a. dusted ? Y N

b. gut loaded? Y N

4. If mice, source, how thawed, live or dead?

5. Supplements: Y N types

6. Water source:

How often changed

How is water provided?

Past medical History:

If female, reproductive history (including problems)

Presenting Problems:

Presenting complaint, description, duration, progression, previous treatment:

General attitude:

Normal Abnormal

Specify:

Any changes in appetite/ eating behaviour:

Y N Specify:

And changes in drinking:

Y N

Breathing problems

Y N Specify:

Any changes in its feces

Y N Specify:

Is the reptile on any current medications:

Y N Specify: