



Reptile History Form

Office Use Only:

Admitting
Clinician: _____

Appointment Time _____

Date _____

Name of Reptile: _____

Species: _____ Age: _____ Sex: _____

Pet Animal Breeder

Background Information:

Length of time owned: _____ Where acquired? Breeder Pet Store Other _____

Wild-caught Captive Breed Has it been deparasitized? Yes No

If yes, with what? _____ Fecal consistency _____

How often is the animal handled? Daily Occasionally Never

Animal ever taken outside? Yes No If yes, how long? _____

When was last shed? _____ Any trouble shedding? Yes No If yes, specify _____

Husbandry:

Type and size of enclosure: _____ Where is it located? _____

Type of cage furniture: _____

Cage substrate? _____ How often is cage cleaned? _____

What type of disinfectant is used when cleaning the cage? _____

Cage Environment:

Type of lighting: _____ Light cycle: _____

Heat source: _____ Humidity Level: _____

Temperature within cage: Minimum _____ Maximum _____ Basking Area _____

Nutrition:

Type of food offered: _____

Amount fed/ frequency: _____ Last feeding: _____

Water source: _____

Any other pets? Yes No If yes, specify: _____

Any other reptiles? Yes No If yes, specify: _____

Are reptiles housed together or singly? _____

If not housed together, where are other reptiles located? _____

Any new additions to the reptile population? Yes No If yes, specify _____

Past Medical History/ Problems:

Current Presenting Problem:
