

All Creatures Veterinary Care Center



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, heatlight, 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, dripsystem)? _____

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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: _____