



Kensington Bird and Animal Hospital

977 Farmington Avenue • Kensington, CT 06037

Phone: (860) 828-7736 • Fax: (860) 829-0594

Theresa Cianciolo DVM • Erica Giles DVM • Kristin Sinclair, DVM, DABVP

www.kbahonline.com

Reptile History Form

General Information:

Species: _____ Age: _____

Gender: Male/Female /Unknown

If female, has she laid eggs? Yes/No

If Yes, when was her last clutch? _____

Last shed: _____ Was it a complete shed (any retained)? _____

Last soak/mist: _____ How often? _____

Last urination/defecation: _____

Length of ownership: _____

Housing:

What type of enclosure is your reptile currently housed in (glass aquarium, reptarium, etc):

What is the size of the enclosure? _____

What is your current substrate? (wood chips, sand, paper, repticarpet, etc.)? _____

Temperature: Daytime _____ Basking Spot: _____ Nighttime: _____

Light Source: (Type of Bulb, Brand): _____ Humidity in cage: _____

Below, please provide a sketch of the enclosure, any lights and where they are, any cage furniture, water dishes, etc.

Diet:

Please describe your reptile's diet: Frequency of feeding, amount, type of food (insects, fruits, veggies, etc.), last time fed, etc.

Vitamin supplementation: type (calcium, multi-vitamin) and frequency: _____

Reason for Visit:

What brings you in with your reptile today? Please describe any relevant clinical signs and duration of signs:
