

## Reptile & Amphibian History Form

Patient Name:

Sex:

Species Name:

Date of Birth:

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**How was the sex of your pet determined?**  DNA  endoscopy  Visual OTHER: \_\_\_\_\_

**Origin:**  Captive bred  wild caught import  unknown

**How long have you had this animal?** \_\_\_\_\_

**From where did you obtain this animal?** \_\_\_\_\_

**Does this animal have a reproductive history?**  Yes  No; details \_\_\_\_\_

**When did your bird last shed?** \_\_\_\_\_

**How often has your bird been shedding?** \_\_\_\_\_

**Do you have other reptiles or pets?**  Yes  No; details \_\_\_\_\_

**When was the last reptile added to your collection?** \_\_\_\_\_

### Reason for Visit

What is the primary complaint or what signs have you noticed? How long have these problems been present? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What health problems has your reptile had previously? \_\_\_\_\_  
\_\_\_\_\_

Has your reptile received any treatments in the last 30 days?  NO  YES If yes, please give details (what was used, dosage, how often, duration): \_\_\_\_\_  
\_\_\_\_\_

Have you noticed any change in your reptile's behavior?  NO  YES If yes, please give details \_\_\_\_\_  
\_\_\_\_\_

Have any other animals or persons in the household had any illness in the last 30 days?  
 NO  YES If yes, please give details \_\_\_\_\_  
\_\_\_\_\_

## Diet

How often do you feed your animal? \_\_\_\_\_

Indicate which foods are eaten and in what amounts (by #, weight, or approx. volume):

### Plant Material

Vegetables Type? \_\_\_\_\_ Amount/feed? \_\_\_\_\_

Frozen/thawed  Fresh  Other \_\_\_\_\_

Flowers: Type? \_\_\_\_\_ Amount/feed? \_\_\_\_\_

Frozen/thawed  Fresh  Other \_\_\_\_\_

Fruits? Type? \_\_\_\_\_ Amount/feed? \_\_\_\_\_

Frozen/thawed  Fresh  Other \_\_\_\_\_

**Insects:**  Crickets \_\_\_\_\_  Locusts \_\_\_\_\_  Mealworms \_\_\_\_\_  Waxworms \_\_\_\_\_  Earthworms \_\_\_\_\_

### Rodents:

Mice Type? \_\_\_\_\_ Amount/feed? \_\_\_\_\_

Frozen/thawed  Freshly Killed  Live Prey

Rats Type? \_\_\_\_\_ Amount/feed? \_\_\_\_\_

Frozen/thawed  Freshly Killed  Live Prey

Birds/Fish Type? \_\_\_\_\_ Amount/feed? \_\_\_\_\_

Frozen/thawed  Freshly Killed  Live Prey

Do you feed wild animals to your animal?  YES  NO If yes, details? \_\_\_\_\_

Do you use any nutritional supplements?  YES  NO If yes, details? \_\_\_\_\_

What water supply do you provide?  Tap Water  Bottled Water  Rain/River water

How often is the water changed? \_\_\_\_\_

Do you use any water supplements?  YES  NO If yes, details? \_\_\_\_\_

Have you noticed any changes in feeding or drinking behavior? \_\_\_\_\_

Have you noticed any changes in droppings (fecal material, urine & urates)? Please give details \_\_\_\_\_

## Cage Environment

What type of cage is used?  Arboreal (tall, climbing)  terrestrial  aquatic Cage Size? \_\_\_\_\_

What is the cage made of?  Plastic/fiberglass  wooden  metal  glass  other \_\_\_\_\_

What decor & furnishings are present? \_\_\_\_\_

Is there ventilation (grill or mesh)?  NO  YES If yes, size details \_\_\_\_\_

Are bathing facilities provided?  NO  YES If yes, details \_\_\_\_\_

How often is the cage cleaned? \_\_\_\_\_ What disinfectants are used? \_\_\_\_\_

What heating equipment is used?

- Ceramic/Infrared, Power \_\_\_\_\_ W      Thermostat Control:  Yes       No  
 Spot light/bulb , Power \_\_\_\_\_ W      Thermostat Control:  Yes       No  
 Aquarium water heater , Power \_\_\_\_\_ W      Thermostat Control:  Yes       No  
 Heat mat, Power \_\_\_\_\_ W,  under cage or  inside cage,      Thermostat Control:  Yes  No

Other heaters please give details: \_\_\_\_\_

Are the heat sources screened from the animals?  Yes, details \_\_\_\_\_  No

Can the animals touch or access the heat source?  Yes, details \_\_\_\_\_  No

Is additional lighting provided inside the cage?  Yes  No

If yes, what type of light is used?  Light Bulb       Fluorescent strip light

What is the model & manufacturer? \_\_\_\_\_

When was the light last replaced? \_\_\_\_\_

Are the lights screened from the animals?  Yes, details \_\_\_\_\_  No

Can the animals touch or access the lights?  Yes, details \_\_\_\_\_  No

How many hours of light are provided each day? \_\_\_\_\_

Is there ever access to direct sunlight (not through glass or plastic)?  Yes       No

If yes, how many hours per day or per week? \_\_\_\_\_

Do you measure the humidity in the cage?  Yes, what is the level? \_\_\_\_\_  No

What are the day time temperatures?      Hottest area, basking area = \_\_\_\_\_ Coolest area: \_\_\_\_\_

Are these temperatures measured using a thermometer?  Yes       No

Does anyone in the household smoke?  NO  YES, Do you use aerosolized products?  NO  YES

Have there been changes in the reptile's environment in the last 3 months?  NO       YES

If yes please give details \_\_\_\_\_