Reptile History Form

ANIMAL DETAILS

Animal’s name or identification: ______________________

Common or scientific species name: ______________________

Date of birth: _________ Age: _________ Sex: M □ F □ Neutered/spayed □ Unknown □

Origin: captive bred □ wild caught □ import □ unknown □

How long have you had this animal? _________

From where did you obtain this animal? ______________________

Does your reptile have any history of breeding or laying eggs? N □ Y □ If yes, please give details:
__________________________________________________________________________________

When did your reptile last shed? _________ How often has your reptile been shedding? _________

Do you have any other reptiles or pets? N □ Y □ If yes, please give details: ______________________
__________________________________________________________________________________

Have you or your reptile had any contact with other reptiles in the last 30 days? N □ Y □ If yes, please give details: ______________________

When was the last reptile added to your collection? _________

REASON FOR PRESENTATION TODAY

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

What health problems has your reptile had previously? __________________________________________
__________________________________________________________________________________

When and why did you last see a veterinarian? __________________________________________
__________________________________________________________________________________

Has your reptile received any treatment in the last 30 days? N □ Y □ If yes, please give details (what was used, dosage, how often, duration?): ______________________
__________________________________________________________________________________

Have you noticed any change in your reptile’s behavior? N □ Y □ If yes, please give details: _________
__________________________________________________________________________________

Have any other animals or people in the household had any illness in the last 30 days? N □ Y □ If yes, 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 is the floor substrate? paper □ corn cob □ sand □ astroturf □ bark □ other: _______________

What décor and furnishings are present? ____________________________________________________________________________

Is there additional ventilation (grills or mesh)? N □ Y □ Please give size/details: _______________

Are bathing facilities provided? N □ Y □ Please give details: _____________________________________________________________________

How often is the cage cleaned? _______________________________________________________________________________________

What cleaning/disinfectant agents are used? ____________________________________________________________________________

What heating equipment is used?

Ceramic/infrared □ power ____ W □ thermostat control: N □ Y □

Spot light/bulb □ power ____ W □ thermostat control: N □ Y □

Heat mat □ size: ___________ under cage □ or inside cage □ thermostat control: N □ Y □

Aquarium water heater □ power ____ W □ thermostat control: N □ Y □

Other heaters, please give details: ___________________________________________________________________________________

Are the heat sources screened from the animals? N □ Y □ Please give details: _______________

Can the animal(s) touch or access the heat source? N □ Y □ Please give details: _______________

Is additional lighting provided inside the cage? N □ Y □

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

What is the model and manufacturer? _______________________________________________________________________________

When was the light last replaced? ____________________________________________________________________________________

Are the lights screened from the animals? N □ Y □ Please give details: _______________

Can the animal(s) touch or access the lights? N □ Y □ Please give details: _______________

How many hours of light are provided each day? ______

Is there ever access to direct sunlight (not through glass or plastic)? N □ Y □

What are the day time temperatures? Hottest area, basking area = _______ Coolest area = _______
What are the night time temperatures? Hottest area, basking area = ______ Coolest area = ______

Are these temperatures measured using a thermometer? Y □ N □

Does anyone in the household smoke? N □ Y □

Do you use any aerosolized products? N □ Y □

Have there been changes in the reptile’s environment in the last 3 months? N □ Y □ Please give details:
_____________________________________________________________________________________

**DIET**

How often do you feed your animal? __________________________________________________________

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

**Plant material:**
Vegetables □ type and amount per feed Frozen/thawed □ fresh □ other □
Flowers □ type and amount per feed Frozen/thawed □ fresh □ other □
Fruits □ type and amount per feed Frozen/thawed □ fresh □ other □

**Insects:** crickets □ locusts □ mealworms □ waxworms □ earthworms □ others □

**Rodents:** Mice □ type and number per feed Freshly killed □
Rats □ type and number per feed Frozen/thawed □

Birds or fish, please give details: ____________ Live prey □

Do you feed any wild animals to your animal? N □ Y □ Please give details: _______________________

Any other food items fed? Please give details: ________________________________________________

Do you use any nutritional supplements? N □ Y □ If yes what, how much, and how often?
_____________________________________________________________________________________

What water supply do you provide? tap water □ bottled water □ rain/river water □

How is water provided? bowl □ dripper system □ spray □ How often? __________________________

How often is the water changed? __________________________________________________________

Do you use any water supplements? N □ Y □ Please give details: ______________________________
Have you noticed any changes in feeding or drinking behavior? Please give details:

_____________________________________________________________________________________

Have you noticed any changes in droppings (fecal material, urine and urates)? Please give details:

_____________________________________________________________________________________

Any other comments or information