



**Reptile & Amphibian History Form**

Client Name \_\_\_\_\_ Pet's Name \_\_\_\_\_

Email \_\_\_\_\_ Date \_\_\_\_\_

**Basic Information**

Where did you get your pet? \_\_\_\_\_ Shelter \_\_\_\_\_ Breeder \_\_\_\_\_ Pet Store \_\_\_\_\_ Other: \_\_\_\_\_

How long have you owned your pet? \_\_\_\_\_ Is your pet: \_\_\_\_\_ Captive Born \_\_\_\_\_ Wild Caught

How old is your pet? \_\_\_\_\_ What species of reptile or amphibian do you have? \_\_\_\_\_

Do you know if it is male or female? \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Unknown

Does your pet have trouble shedding in one piece? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have other reptiles as pets? If yes, please list them. \_\_\_\_\_

**Caging**

What is the size of the cage? \_\_\_\_\_ What other reptiles do you have in this cage? \_\_\_\_\_

Construction materials: \_\_\_\_\_

What cage furnishings are available (e.g., rocks, hide box, branches, etc.)? \_\_\_\_\_

How often is the cage cleaned? \_\_\_\_\_ Please describe the cage cleaning routine: \_\_\_\_\_

Substrates \_\_\_\_\_ What is the cage made of? \_\_\_\_\_

Is water available in the cage? \_\_\_\_\_ Yes \_\_\_\_\_ No How is the cage heated? \_\_\_\_\_

Is there a thermometer? \_\_\_\_\_ Yes \_\_\_\_\_ No What kind of thermometer? \_\_\_\_\_

What is the temperature range during the day? \_\_\_\_\_ What is the temperature range during night? \_\_\_\_\_

**Lighting**

What type of lights are used? \_\_\_\_\_ How many hours of light per day? \_\_\_\_\_

Is the light on a timer? \_\_\_\_\_ Yes \_\_\_\_\_ No Are ultraviolet lights present? \_\_\_\_\_ Yes \_\_\_\_\_ No

How frequently do you change the ultraviolet lights? \_\_\_\_\_

**Feeding**

What food items are being offered, and how often? \_\_\_\_\_

How do you provide water, and how often is the water bowl cleaned/changed? \_\_\_\_\_

Is your pet given live, frozen, or fresh-killed prey items? \_\_\_\_\_ Live \_\_\_\_\_ Frozen \_\_\_\_\_ Fresh-Killed

## Supplements

Multivitamins \_\_\_\_\_ Calcium \_\_\_\_\_ Gut loading diet \_\_\_\_\_

## Previous Veterinary Care

Do you have quarantine procedures for new animals? \_\_\_\_\_ Yes \_\_\_\_\_ No

When was a fecal (poop) sample last checked? \_\_\_\_\_ Less than 1 year \_\_\_\_\_ Over 1 year \_\_\_\_\_ Never

Has this reptile had any problems with mites? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has your pet received veterinary care at another clinic? \_\_\_\_\_

Has your pet had previous medical problems? \_\_\_\_\_

What prior illness or health issues has any cage-mate had? \_\_\_\_\_

## Today's Visit

Is your pet sick today? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what health issues is your reptile experiencing today? \_\_\_\_\_

How long has it been sick? \_\_\_\_\_ Have you tried any treatments? \_\_\_\_\_

Are any of your other pets also ill? \_\_\_\_\_

Has your pet had any appetite or eating changes? \_\_\_\_\_ Increased \_\_\_\_\_ Decreased

Has your pet lost weight? \_\_\_\_\_ Yes \_\_\_\_\_ No When is the last time your pet ate? \_\_\_\_\_