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? ______________________________