

Reptile History Form

(This information will become a permanent part of your patient's medical records. Please take time to complete it as carefully as possible. Thank You!)

Name: _____ Reptile's Name: _____ Date: _____

1. Type of Reptile: _____ Sex (if known) _____ Age _____
2. Where did you obtain your reptile? _____
3. If Known, Is it captive bred or wild caught? _____
4. Do you own other reptiles? _____ If yes, what species? _____
5. How long have you owned this animal? _____

FEEDING HABITS

6. Food/Prey types(s) _____ Fed live or pre-killed: _____
7. Food/Prey size/Amount: _____
Diet Variety/Alt. Food/Prey Type: _____
8. Feeding Schedule: _____
9. How is water available and when? _____
10. How is the reptile is offered food/prey items? _____
11. Is the reptile fed separately, if housed communally? _____
12. Do you use vitamins and/or mineral supplements? If so please tell us what products or items are used: _____

HOUSING ENVIRONMENT

13. Cage type (Glass tank, Hand built wood, etc) describe fully: _____
14. Cage Size _____ Substrate used _____
15. Decorations used/hiding places/other fixtures: _____
16. Water bowl or pool size: _____ Lighting used: _____
17. Heating devices used: _____ Average temp: AM _____ PM _____
18. How many specimens in cage? What types and sizes? _____
19. How is the cage ventilated? _____
20. What is the humidity in enclosure: _____

OVERALL HEALTH/CONDITION

21. What in your opinion is the reptile's major problem? _____
22. What do you believe may have caused this condition? _____
23. How long has your reptile had this condition? _____
24. Has your reptile been exposed to other reptiles recently? _____
25. Is there any history or previous illness or injury? _____
26. Are there any medications your reptile is being given currently? _____
27. If yes, please identify the drug and its dose? _____
28. What is your reptile's appetite currently? _____
29. Do its stools appear normal? _____
30. Have there been any recent additions to your collections? _____