



# Reptile and Amphibian History Form

A detailed history is essential to provide the most appropriate veterinary care for your animal. Please complete this form as accurately as possible. If there is anything you are unsure about, you can discuss in more depth with the veterinary staff during your appointment.

## Animal Details

Reptile Name or Identification: \_\_\_\_\_

Common or Scientific Species Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Neutered/Spayed? \_\_\_\_\_

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 a reproductive history? If so, give details: \_\_\_\_\_

\_\_\_\_\_

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

Do you have any other reptiles or pets? If so, give details: \_\_\_\_\_

Have you or your reptile had contact with any other reptiles in the last 30 days? If so, give details: \_\_\_\_\_

\_\_\_\_\_

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

---

## Reason for Presentation Today

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

\_\_\_\_\_

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

\_\_\_\_\_

Has your reptile received any treatment in the last 30 days? If so, give details (what was used, what dosage, how often, duration?): \_\_\_\_\_

Have you noticed a change in your reptile's behavior? If so, give details: \_\_\_\_\_

\_\_\_\_\_

Have any other animals or persons in the household had any illness in the last 30 days? \_\_\_\_\_

# Cage Environment

What type of cage is used?  Arboreal (tall and climbing)  Terrestrial  Aquatic Cage Size: \_\_\_\_\_

What is the cage made of?  Plastic/Fiberglass  Wood  Metal  Glass  Other: \_\_\_\_\_

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

Is there additional ventilation (grills or mesh)? If so, give details: \_\_\_\_\_

Are there bathing facilities provided? If so, 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:  Yes  No

Spot Light/Bulb Power \_\_\_\_ W Thermostat Control:  Yes  No

Heat Mat Size \_\_\_\_\_  Under Cage  Inside Cage  
Thermostat Control:  Yes  No

Aquarium Water Heater Power \_\_\_\_\_ W Thermostat Control:  Yes  No

Other Heaters? Please give details: \_\_\_\_\_

Are the heat sources screened from the animal(s)? Give details: \_\_\_\_\_

Can the animal(s) touch or access the heat source? Give details: \_\_\_\_\_

Is additional heating provided inside the cage? If so, what type of light is used?  Light Bulb  Fluorescent Light Strip

What is the model and manufacturer? \_\_\_\_\_ When was the light last replaced? \_\_\_\_\_

Are the lights screened from the animals? Give details: \_\_\_\_\_

Can the animal(s) touch or access the lights? Give details: \_\_\_\_\_

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

Is there ever access to direct sunlight (not through plastic or glass)? If so, what is the humidity level? \_\_\_\_\_

What are the daytime temperatures? Hottest area, basking area: \_\_\_\_\_ Coolest area: \_\_\_\_\_

What are the nighttime temperatures? Hottest area, basking area: \_\_\_\_\_ Coolest area: \_\_\_\_\_

Are these temperatures measured using a thermometer? \_\_\_\_\_ Does anyone in the household smoke? \_\_\_\_\_

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

Do you use any aerosolized products? \_\_\_\_\_

Have there been any changes to the reptile's environment in the last 30 days? If so, give details: \_\_\_\_\_

\_\_\_\_\_

# Diet

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

Indicate which foods are eaten and in what amounts (by number weight or approximate 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 Type and amount per feed: \_\_\_\_\_

Locusts Type and amount per feed: \_\_\_\_\_

Mealworms Type and amount per feed: \_\_\_\_\_

Waxworms Type and amount per feed: \_\_\_\_\_

Earthworms Type and amount per feed: \_\_\_\_\_

Other Type and amount per feed: \_\_\_\_\_

Rodents:  Mice Type and amount per feed: \_\_\_\_\_

Freshly killed  Frozen/thawed  Live prey

Rats Type and amount per feed: \_\_\_\_\_

Freshly killed  Frozen/thawed  Live prey

Birds or Fish Type and amount per feed: \_\_\_\_\_

Freshly killed  Frozen/thawed  Live prey

Do you feed any wild animals to your animal? If so, give details: \_\_\_\_\_

Any other food items fed? If so, give details: \_\_\_\_\_

Do you use nutritional supplements? If so, give details (what, how much, how often): \_\_\_\_\_

What water supply do you provide?  Tap  Bottled  Rain/river

How is water provided?  Bowl  Dripper  Spray How often? \_\_\_\_\_

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

Do you use water supplements? If so, give details: \_\_\_\_\_

Have you noticed any changes or feeding or drinking? If so, give details: \_\_\_\_\_

Have you noticed any changes in waste (fecal material, urine, urates)? If so, give details: \_\_\_\_\_

\_\_\_\_\_  
Please add any other comments and information on the back.