



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.