

Reptile History Form

RDVM info

Date:

Admitting Clinician:

Appt. Time:

Species: _____

Age: _____

Sex: _____

Pet Animal/Breeder

Background Information:

Length of time owned:

Where acquired?

Breeder Pet Store Other _____

Wild-caught/Captive Bred?

Deparasitized?

If yes, with what? _____

How often is animal handled?

Daily

Occasionally Never

Animal ever taken outside?

No Yes

If yes, for how long? _____

When was last shed? _____

Any trouble shedding?

No Yes

If yes, specify _____

Fecal consistency? _____

Husbandry:

Type of enclosure: _____

Size of enclosure

Where is cage located? _____

Cage furniture

Cage substrate? _____

Frequency of cage cleaning?

Type of disinfectant used to clean cage?

Cage Environment:

Light cycle: _____

Type of lighting: _____

Heat source: _____

Humidity level: _____

Temperature within cage: Minimum _____

Maximum _____

Basking area _____

Nutrition:

Type of Food offered _____

Amount fed/frequency _____ When last fed _____

Water Source _____

Any other pets? No Yes If yes, specify _____Any other reptiles? No Yes If yes, specify _____

Reptiles are housed together or singly? _____ If not housed together, where are other reptiles located?

Any new additions to the reptile population? No Yes If yes, specify _____**Past Medical History/Problems:****Current Presenting Problem:****Duration of Complaint:**