



REPTILE HISTORY

Pet: _____ Owner: _____ Date: _____

Today's Weight: _____ Today's Temp: _____ Photo taken _____

Owner info (address, phone numbers, etc) still current? _____

How long have you owned the reptile? _____

Have you owned like reptiles before? Yes No

Have any new reptiles been introduced into the environment recently? Yes No
If so, were they quarantined? Yes No

Chief Complaint or Reason for Visit: _____

How long has the problem been going on? _____

Has the problem changed over time? Yes No

Has the reptile been treated with any medications for the problem? Yes No
If so, what meds? _____

Past history

Has your reptile been sick before? Yes No
If so, what was the problem? _____

Was your pet treated? Yes No
What was it treated with? _____
By whom? _____

Do you have a copy of the medical record? Yes No
Do you know your reptile's gender? Yes No if yes: _____
Do you know its reproductive history? Yes No

Environment / Housing:

What are the dimensions of its enclosure? _____

What type of construction? (glass, wire, etc) _____

Substrate (bedding, etc) used? _____

Daytime temperature? _____ Nighttime temp? _____

How is the enclosure heated? _____

Humidity level? _____

Lighting sources and time on/off? _____

Diet

What do you feed and how often? _____

Does your pet eat well? Yes No

Other pets? _____

If so, contact with your reptile? Yes No