

REPTILE & 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 it 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: M ☐ F ☐ neutered/spayed ☐ unknown ☐

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? N ☐ Y ☐ please give details: _____

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

Do you have any other reptiles or pets? N ☐ Y ☐ please give details: _____

Have you or your reptile had any contact with other reptiles in the last 30 days? N ☐ Y ☐ please give details: _____

When was the last reptile added to your collection? _____

REASON FOR PRESENTATION TODAY

What is the primary complaint or what signs you have noticed? How long have these problems been present? _____

What health problems has your reptile had previously? _____

Has your reptile received any treatment in the last 30 days? N ☐ Y ☐ please give details (what was used, dosage, how often, duration)? _____

Have you noticed any change in your reptile's behavior? N ☐ Y ☐ please 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, climbing) ☐ terrestrial ☐ aquatic ☐ Cage size: _____

What is the cage made of? plastic/fiberglass ☐ wooden ☐ metal ☐ glass ☐ other: _____

What décor and furnishings are present? _____

Is there additional ventilation (grills or mesh)? N ☐ Y ☐ , please give size/details: _____

Are bathing facilities provided? N ☐ Y ☐ , please 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: N ☐ Y ☐

Spot light/bulb ☐ , power _____ W thermostat control: N ☐ Y ☐

Heat mat ☐ , size: _____ , under cage ☐ or inside cage ☐ thermostat control: N ☐ Y ☐

Aquarium water heater ☐ , power _____ W thermostat control: N ☐ Y ☐

Other heaters, please give details: _____

Are the heat sources screened from the animals? N ☐ Y ☐ , please give details: _____

Can the animal(s) touch or access the heat source? N ☐ Y ☐ , please give details: _____

Is additional lighting provided inside the cage? N ☐ Y ☐

If yes, what type of light is used? Light bulb ☐ Fluorescent strip light ☐

What is the model and manufacturer? _____

When was the light last replaced? _____

Are the lights screened from the animals? N ☐ Y ☐ , please give details: _____

Can the animal(s) touch or access the lights? N ☐ Y ☐ , please give details: _____

How many hours of light are provided each day? _____

Is there ever access to direct sunlight (not through glass or plastic)? N ☐ Y ☐

If yes, how many hours per day or per week? _____

Do you measure the humidity in the cage? N ☐ Y ☐ , if yes what is the humidity level? _____

What are the day time temperatures? Hottest area, basking area = _____ Coolest area = _____

What are the night time temperatures? Hottest area, basking area = _____ Coolest area = _____

Are these temperatures measured using a thermometer? Y ☐ N ☐

Does anyone in the household smoke? N ☐ Y ☐

Do you use any aerosolized products? N ☐ Y ☐

Have there been changes in the reptile's environment in the last 3 months? N ☐ Y ☐ , please give details: _____

DIET

How often do you feed your animal? _____

Indicate which foods are eaten and in what amounts (by number, weight, or approx 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 ☐ _____ locusts ☐ _____ mealworms ☐ _____ waxworms ☐ _____

earthworms ☐ _____ others; _____

Rodents: Mice ☐ type and number per feed; _____ Freshly killed ☐

Rats ☐ type and number per feed; _____ Frozen/thawed ☐

Birds or fish, please give details; _____ Live prey ☐

Do you feed any wild animals to your animal? N ☐ Y ☐ , please give details; _____

Any other food items fed? Please give details; _____

Do you use any nutritional supplements? N ☐ Y ☐ , if yes what, how much, and how often; _____

What water supply do you provide? tap water ☐ bottled water ☐ rain/river water ☐

How is water provided? bowl ☐ dripper system ☐ spray ☐ , how often; _____

How often is the water changed? _____

Do you use any water supplements? N ☐ Y ☐ , please give details; _____

Have you noticed any changes in feeding or drinking behavior? Please give details; _____

Have you noticed any changes in droppings (fecal material, urine and urates)? Please give details; _____

Any other comments or information;

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