Patient History - Reptile

Owner's L	ast Name:	Too	day's Date:	
Pet Name:		Spec	cies:	
Date of Bi	rth/Age:	Source of I	Pet/Date Acquired:	
Identificat	ion/Markings/Color:		Sex: M F	Unknown
Enclosure	:			
Ha	bitat/Enclosure (Size, 7	Type, Covering/Lid):		
Be	dding/Substrate:		Hide Box/Shelter(Type):	
Cli	mbing Items/Accessor	ries:		
Wa	nter Bowl/Size/How oft	ten cleaned:		
			Light Source:	
UV	/ Source(Brand):		Changed every	months
			Average Humidity	
En	closure: Cleaned how o	often and with what?:		
Environm	ent:			
		the cage? If so under w	hat conditions?	
15	ine per uno wed out of t	are eage. If so, ander wi	mat conditions.	
Ar	e there any other pets in	n the household? List sp	pecies and how many of each:	
Is	vour pet in any contact	with other pets/animals	s?If Yes, please list:	
			uations/drafts?	
Diet:				
	fered food type/size:		Date of las	t meal:
	• 1		prey? Date of has	
			proj.	
	od consumed/Offered h			
	7 11			
Previous 1	History:			
His	story of laying eggs/rep	producing? When was la	ast time?	
Но	w often does pet norma	ally shed? When was la	ast shed:	
			If yes, last time and treatment?	
Ha	s the pet been seen by	a veterinarian before? Is	s so, whom?	
Th	e reason for your visit t	today/Health concerns a	about your reptile	
******	********	 *******OFFICE IISE I	PLEASE*****************	·***********
	g/kg	OFFICE OSE I	LEASE	
•			ood Work (CBC/Chem) Picture DO	
Notes:				