Patient History - Reptile

Owner's Last Name: _____ Today's Date:_____
Pet Name:_____ Species:_____
Date of Birth/Age:_____ Source of Pet/Date Acquired:_____
Identification/Markings/Color:_____ Sex: ☐ M ☐ F ☐ Unknown

Enclosure:

Habitat/Enclosure (Size, Type, Covering/Lid):_____
Bedding/Substrate:_____ Hide Box/Shelter(Type):_____
Climbing Items/Accessories:_____
Water Bowl/Size/How often cleaned:_____
Heat Source: _____ Light Source:_____
UV Source(Brand): _____ Changed every _____ months
Temperature: Warm end _____ Cool end _____ Average Humidity _____
Enclosure: Cleaned how often and with what?:_____

Environment:

Is the pet allowed out of the cage? If so, under what conditions?_____
_____
Are there any other pets in the household? List species and how many of each:_____
_____
Is your pet in any contact with other pets/animals?_____If Yes, please list:_____
Is your pet kept indoors or outdoors (or both)?_____
Is your pet exposed to extreme temperature fluctuations/drafts?_____
Does anyone SMOKE in the house? _____
Recent environmental changes:_____
_____

Diet:

Offered food type/size:_____ Date of last meal:_____
Is food offered fresh-frozen, fresh-killed, or live prey? _____
Is food offered in main enclosure? _____
Food consumed/Offered how often:_____
Dietary supplements offered? List:_____

Previous History:

History of laying eggs/reproducing? When was last time?_____
How often does pet normally shed? When was last shed: _____
History of internal/external parasites?_____ If yes, last time and treatment?_____
Has the pet been seen by a veterinarian before? Is so, whom?_____
The reason for your visit today/Health concerns about your reptile_____
_____
_____

**********OFFICE USE PLEASE**********

Wt._____ g/kg

Today's Plan: Nail Trim Fecal Mite Check Blood Work (CBC/Chem) Picture DONE _____
Other:_____ _____ _____ _____
Notes: _____
_____
_____