

# Patient History - Reptile

Office use
DR <input type="checkbox"/> IN <input type="checkbox"/>
RM

DATE \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Pet Name: \_\_\_\_\_

Species: \_\_\_\_\_ Date of Birth/Age: \_\_\_\_\_

Source of Pet: \_\_\_\_\_ Date Acquired: \_\_\_\_\_

Sex:  M  F  Unknown

Color: \_\_\_\_\_ Identification/Markings: \_\_\_\_\_

## 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? \_\_\_\_\_ With what?: \_\_\_\_\_

## Environment

Is the pet allowed out of the cage? \_\_\_\_\_ If so, is your pet supervised? \_\_\_\_\_

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 \*\*\*\*\*

Wt. \_\_\_\_\_ g/kg HR \_\_\_\_\_ RR \_\_\_\_\_

Today's Plan: Nail Trim Fecal Mite Check Blood Work Picture

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_